

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

FY20-22 Strategic Plan

December 2019



Public Health
Prevent. Promote. Protect.

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE



VISION

A healthy community

MISSION

To protect and enhance the well-being and quality of life for all in Washoe County

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Mission Statement

To protect and enhance the well-being and quality of life for all in Washoe County

Values Statement

- **Trustworthiness:** appropriate allocation of resources, spend prudently, stewardship
- **Professionalism:** ethics, education, accountability
- **Partner-Collaborate:** be flexible, adapt, be accessible, be proactive, innovate and create

Vision

A healthy community

Strategic Direction

Leaders in a unified community making measurable improvements in the health of its people and environment

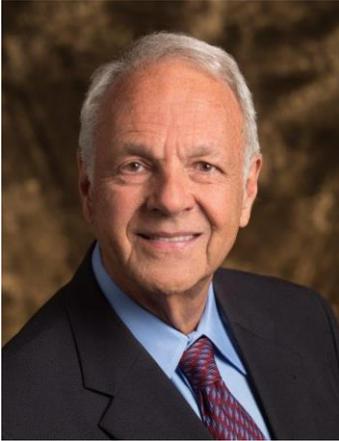
Strategic Priorities

1. **Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.
2. **Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
3. **Local Culture of Health:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.
4. **Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
5. **Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.
6. **Financial Stability:** Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.

STRATEGIC PRIORITIES & FY20-23 GOALS

- 1. HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.**
 - 1.1 Reduce the negative health and economic impacts of obesity and chronic disease.
 - 1.2 Provide preventive health services that are proven to improve health outcomes in the community.
 - 1.3 Improve access to healthcare and social services so people of all means receive the services they need.
- 2. HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.**
 - 2.1 Protect people from negative environmental impacts.
 - 2.2 Keep people safe where they live, work, and play.
- 3. LOCAL CULTURE OF HEALTH: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.**
 - 3.1 Raise awareness of the Health District and the services it offers within the community.
 - 3.2 Work with others to establish policies that positively impact public health.
 - 3.3 Inform the community of important health trends by capturing and communicating health data.
 - 3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.
- 4. IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.**
 - 4.1 Lend support and accountability to improve K-12 educational outcomes which are strongly associated with public health outcomes.
 - 4.2 Support and promote behavioral health.
 - 4.3 Improve nutrition by supporting efforts to increase food security.
 - 4.4 Enhance the regional EMS system.
- 5. ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support a growing population.**
 - 5.1 Create a positive and productive work environment.
 - 5.2 Focus on continuing to build staff expertise.
- 6. FINANCIAL STABILITY: Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.**
 - 6.1 Update the Health District's financial model to align with the needs of the community.
 - 6.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.

LETTER FROM THE DISTRICT BOARD OF HEALTH CHAIR



Meeting the challenges of a growing and dynamic community like the Truckee Meadows provides no shortage of need for public health services. The simple fact is that Washoe County faces many public health challenges—high rates of chronic disease, substance abuse and limited public health funding are examples.

To meet the needs of those challenges, we must utilize the data available to make data-informed decisions and utilize our resources wisely. In my time on the Washoe County District Board of Health I've continued to see Washoe County Health District lead the way in not only sharing critical data across the community but using that data to make important decisions on how to best improve the health of

our community.

We have had some exciting accomplishments in the last year such as becoming a fully accredited public health district, the second in the state of Nevada and one of 300 nationwide. I look forward to the continued pursuit of programmatic excellence and community leadership from the Washoe County Health District.

I am confident that the District Board of Health and the excellent staff of the Washoe County Health District have identified the most significant public health challenges our community faces and created a strategic plan that addresses those challenges in a meaningful way. I know I share the opinion of my fellow board members when I say that I am excited to oversee and participate in the continued execution of the strategic plan and experience the positive results of the Health District's work for our community.

Dr. John Novak
District Board of Health Chair

LETTER FROM THE DISTRICT HEALTH OFFICER



Nearly every day I am reminded of the importance and impact of the work done by the Washoe County Health District. Never was this more evident than during the creation of this strategic plan. Throughout the process, all staff shared their enthusiasm for the work they do and their desire to make a greater impact on the community they care about.

Perhaps the greatest challenge we faced in the creation of this plan was choosing what to prioritize. We relied heavily on community data in our decision-making process but also took into account the voice of staff who interact with those we serve on a daily basis.

They are the ones who have the deepest insight into the needs of our community and whose work is impacted most significantly by strategic decisions we made in developing this plan.

They are also the ones who will be most crucial to successfully implementing this strategic plan. It will take a continued commitment to improving our team to be able to accomplish everything we hope to over the next four years. This is an investment that I know will pay off.

Of course, even with unlimited staff and resources, the Health District alone could not achieve all of the health outcomes the community needs. A community's health is a result of many factors and as such, it requires the partnership and collaboration of many individuals, organizations, and agencies to make meaningful improvements. This plan not only outlines what we as the Health District can accomplish alone, but also what we hope to accomplish as a community and the partnerships required to do so.

I am excited to see what the next four years brings to our region. Whatever that is, I am confident that the staff of the Washoe County Health District under the leadership of the District Board of Health will make tremendous strides towards a healthier community.

Kevin Dick
Washoe County District Health Officer

OVERVIEW OF THE PLAN STRUCTURE AND PLANNING PROCESS

Definitions

Mission: What is our core purpose?

Values: How do we behave?

Vision: Where are we going?

Strategic Direction: What does success look like?

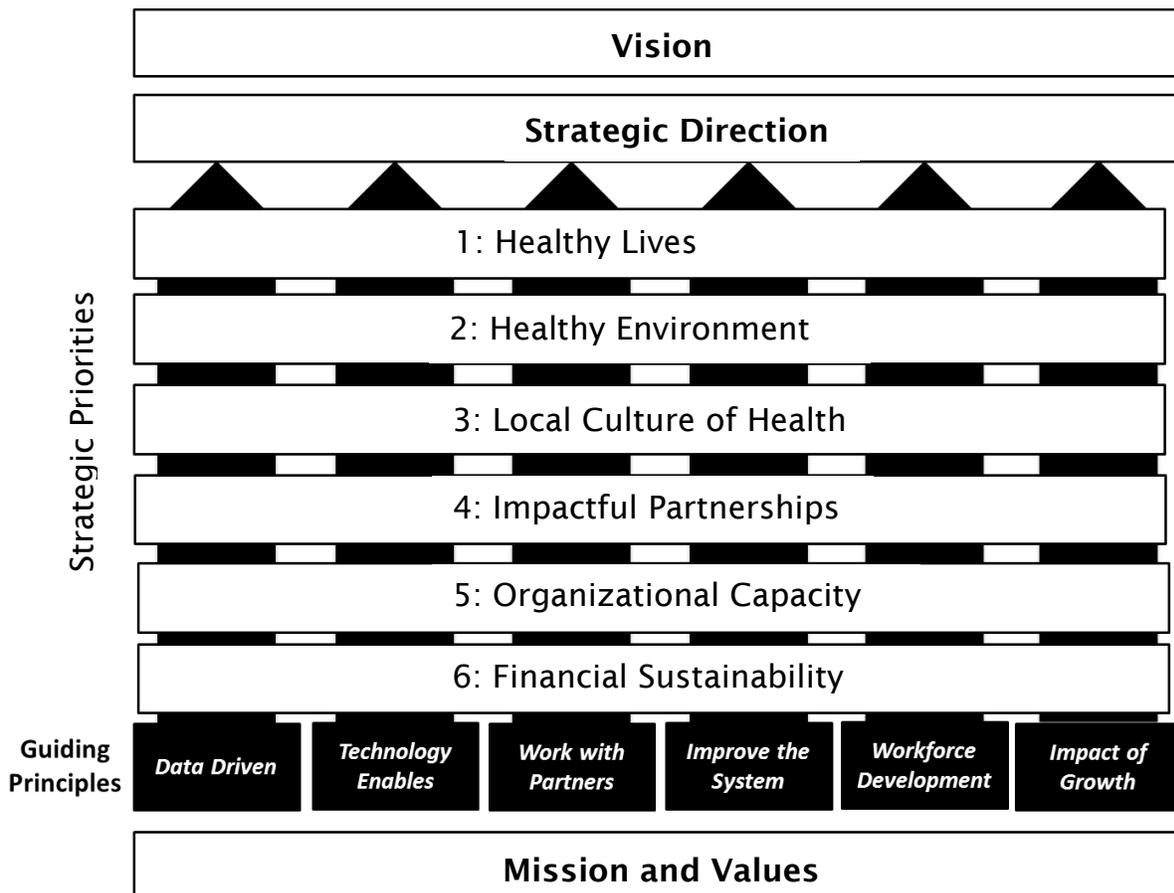
Guiding Principles: What is central to the way we work?

Strategic Priorities: Where must we focus so we succeed?

District Goals and Community Outcomes: What is most important right “now”?

Supporting Divisional Initiatives: Who must do what?

Plan Structure



PLANNING PROCESS

In December 2015, the Washoe County Health District (WCHD) began a 6-month process to develop its strategic plan. The process engaged multiple stakeholder groups including the District Board of Health (DBOH), all WCHD staff, and external community stakeholders. The process was implemented in 4 distinct phases:

1. **Gain Insights:** This phase was dedicated to gathering all the information the planning participants would need to make informed decisions regarding the future direction of the WCHD. Primary research in the form of interviews with DBOH Members and a survey distributed to all WCHD staff and external stakeholders was combined with existing WCHD and community data to frame and inform the strategic issues facing the WCHD.
2. **Design Strategy:** Using the information gathered in the previous phase, the DBOH, working with the executive team of the WCHD, updated the existing Mission and Strategic Direction and established new strategic priorities for the WCHD. Further, the DBOH identified priorities within each strategic priority that the executive staff turned in to District goals.
3. **Build the Plan:** Building off the strategic foundation established by the DBOH, executive staff identified measurable community outcomes for each of the District Goals that they will work to improve over the next 3-5 years. To achieve these goals, teams built specific initiatives and action plans to ensure the entire WCHD is coordinating action to implement the strategic plan.
4. **Manage Performance:** In order to maintain alignment around the WCHD's strategic plan and ensure accountability for achieving District Goals, the executive staff agreed to meet regularly throughout the year to report on performance and modify the plan as necessary to adapt to changes or unforeseen priorities.

In fall of 2017, 2018 and 2019 the DBOH convened a strategic planning retreat to revisit the strategic plan, discuss the progress to date and if any revisions were needed. At the 2018 retreat, new information was shared and considered, which included the Washoe County Behavioral Health data profile, the 2018-2020 Community Health Improvement Plan and information on our growing housing and homeless crisis. In 2019, the second annual Washoe County Behavioral Health data profile was shared to provide an update on the new behavioral health data available. Additionally, the following emerging strategic considerations were shared at the 2019 retreat:

- The impact increased community growth has on the need for our services
- Increased need for mental health and substance use treatment providers
- Increasing suicide rate
- Increasing homeless population
- Potential nonattainment of ozone standards
- Need for staff training and development

From the 2017, 2018 and 2019 retreats, several revisions to the plan have been made to meet the changing needs of the community. A summary of these changes is outlined in the following table:

PLAN REVIEW AND CHANGES

Date of Review	Reviewed By	Page(s)	Summary of Changes
11.21.17	Catrina Peters	7	Brief description of the November 2017 District Board of Health Strategic Plan retreat and additional emerging strategic considerations
11.21.17	Catrina Peters	8,9	Additional Community Health Needs Assessment (CHNA) Information from 2018-2020 CHNA
11.21.17	Catrina Peters	17	Added an outcome under goal 2.2
11.21.17	Catrina Peters	19	Added an outcome under goal 4.5
11.21.17	Catrina Peters	20	Added an outcome under goal 6.3
11.21.17	Catrina Peters	21	Added a table of cross-divisional collaboration
11.21.17	Catrina Peters	22-33	Updates to staff person assigned to reflect current staffing
11.21.17	Catrina Peters	22-33	Removed initiatives that are complete
11.26.18	Catrina Peters	18-22	Revised outcomes to reflect removal of completed items and revisions to accurately reflect current needs
11.26.18	Catrina Peters	25-35	Revised initiatives
11.8.19	Catrina Peters	12-13	Updated description of the planning process
11.12.19	Catrina Peters	14	Updated summary of the Community Health Improvement Plan
11.21.19	Catrina Peters	28-37	Updates to reflect revisions

COMMUNITY TRENDS

After the initial 2015-2017 Community Health Needs Assessment, a 2018-2020 Washoe County Community Health Needs Assessment (CHNA) was completed and the preliminary results were shared at the 2017 strategic planning retreat. From the 2018-2020 Community Health Needs Assessment, the subsequent 2018-2020 Community Health Improvement Plan (CHIP) was developed during the spring of 2018 and approved by the Washoe County District Board of Health in June of 2018. In the summer of 2019, the Behavioral Health focus area was revised as all items in that focus area were either complete, obsolete given subsequent steps completed or needed a revised due to date to continue pursuing the objectives. A revised 2018-2020 Community Health Improvement Plan was approved by the Washoe County District Board of Health at the September 2019 meeting and the tables below reflect the revisions made.

The following focus areas were selected to be included in the CHIP as it was determined they were the highest areas of need and the areas where there was community capacity to initiate work:

1. Housing
2. Behavioral Health
3. Nutrition/Physical Activity

Once focus areas were determined, committees with subject matter experts and key stakeholders from community organizations were formed to establish goals for each priority area and selected indicators to measure progress toward achieving the goals. The plan included 16 objectives to improve health and well-being across the lifespan for all Washoe County residents as outlined in the table below:

Focus Area One: Housing			
Goals		Objectives	
1	To stabilize and improve housing security for people spending more than 30% of their income on housing.	1.1	By June 15, 2018 complete Phase I of the Enterprise Affordable Housing Regional Strategy.
		1.2	By September 1, 2018 complete Phase II of the Enterprise Affordable Housing Regional Strategy.
		1.3	By December 31, 2018 complete Phase III of the Enterprise Affordable Housing Regional Strategy.
		1.4	By July 1, 2020 implement Enterprise Affordable Housing Regional Strategy as indicated in plan implementation schedule.
2	To stabilize and improve housing security for people spending more than 50% of their income on housing.	2.1	By September 1, 2018 identify and support alternative funding models for housing severely mentally ill (SMI).
		2.2	By September 1, 2018 identify best practices for incorporating community case management for people receiving housing assistance.
Focus Area Two: Behavioral Health			
Goals		Objectives	
1	To stabilize and improve housing security for people experiencing homelessness.	1.2	By April 1, 2020 identify best practices for incorporating community case management** for people experiencing homelessness.

		1.3	By February 1, 2020 expand implementation of Peer Recovery Support Specialists in Washoe County
2	Assess and address current status and need for Behavioral Health services in Washoe County	2.2	By October 1 each year identify gaps in service and access for those needing behavioral health services in Washoe County.
		2.3	By October 1 each year, develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County.
		2.4	By Feb 1, 2020 develop strategies and advocate for policies to address gaps and needs identified.
		2.5	By Feb 1, 2020 expand training and education to providers on SBIRT
3	Reduce depression and suicidal behaviors in adolescents and seniors (age 65+)	3.1	By September 1, 2018 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care.
		3.2	By December 15th, 2020 implement BUILD Health Challenge Year 1 Strategies
Focus Area Three: Nutrition and Physical Activity			
Goals		Objectives	
1	To increase physical activity and improve nutrition among adults and youth using the 5210 Let's Go framework.	1.1	By July 2019, increase the number of community organizations implementing aspects of the 5210 program from 1 to 12.
		1.2	By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings.
		1.3	By July 2019, improve access and availability of nutrition and physical activity opportunities by implementing three Family Health Festivals in zip codes with high Community Needs Index (CNI) scores.
		1.4	By July 2019, improve the nutrition environment in targeted parks by increasing the number of environmental cues related to healthy food and beverage consumption by at least 3.

The CHIP is managed by community workgroups, with the Health District acting in a supportive role and several of the items included in the CHIP have been successfully implemented. A summary of the items included in the CHIP and an update on the progress of CHIP implementation were shared at the fall 2018 retreat.

Washoe County Regional Behavioral Health Data Profile

In an effort to address the behavioral health needs across Nevada, AB 366 was passed in the 2017 legislative session creating 4 regional Behavioral Health Boards. The Washoe County Regional Behavioral Health Board (WCRBHB) consists of 13 members including the Washoe County District Health Officer. The Regional Board advises the State Department of Health and Human Services, the Division of Public and Behavioral Health and the Nevada Behavioral Health Commission on matters related to identified gaps in behavioral health services and any

recommendations or service enhancements to address those gaps, amongst other responsibilities. In order to provide such advisement, a data profile was assembled utilizing data from State and national sources. The resulting Behavioral Health Data profile is very comprehensive and key highlights are shared below.

Substance Use

Use of most substances, especially alcohol & marijuana, are declining among youth which mirrors national trends. However, substance use remains an issue as youth in Washoe County have higher reported use rates than Nevada and the United States overall. Substance use rates among adults has not changed, especially alcohol use, and Washoe County use rates continued to be higher than Nevada and the United States. In a similar trend to report substance use rates, death due to alcohol-related causes is higher than Nevada and the United States. In 2016, Washoe County rate of death due to alcohol-related causes was double the national rates among all age groups 30-59 years & 70+ years. Death due to substance-related causes is higher than United States, especially among those 60 years & older.

Mental Health

While a noticeable decrease was seen in reported suicide attempts among high school students from 2013 (13.7%) to 2015 (11.7%) to 2017 (8.9%), depression and suicidal ideation among high school students is higher in Washoe County compared to Nevada and the United States. No real change in trends was seen among depression, considering attempting suicide or making a plan to attempt suicide.

A growing body of evidence is showing that Adverse Childhood Experiences (ACEs) are a key predictor for several risk behaviors including being a perpetrator and victim of violence, experiencing depression, attempting suicide, use of substances and sexual activity. ACEs range from mild like a household moving or a divorce to severe such as physical or sexual abuse. In 2017, Washoe County high school students' prevalence of ACEs:

- Living with someone who had a substance use problem (35.2%)*¹
- Living with someone who was mentally ill (34.5%)*
- Ever been physically abused (17.4%)
- Experiencing household domestic violence (16.3%)
- Having been physically forced to engage in unwanted sexual intercourse (7.6%)*

Due to the close link between ACEs and risky behaviors later in life, monitoring trends in ACEs can help predict trends in later behavioral health needs. In adult populations, prevalence of mental health conditions among adults in Washoe County is similar to Nevada and the United States. However, death due to suicide is higher in Washoe County and increasing, and is especially high among those aged 65+ years.

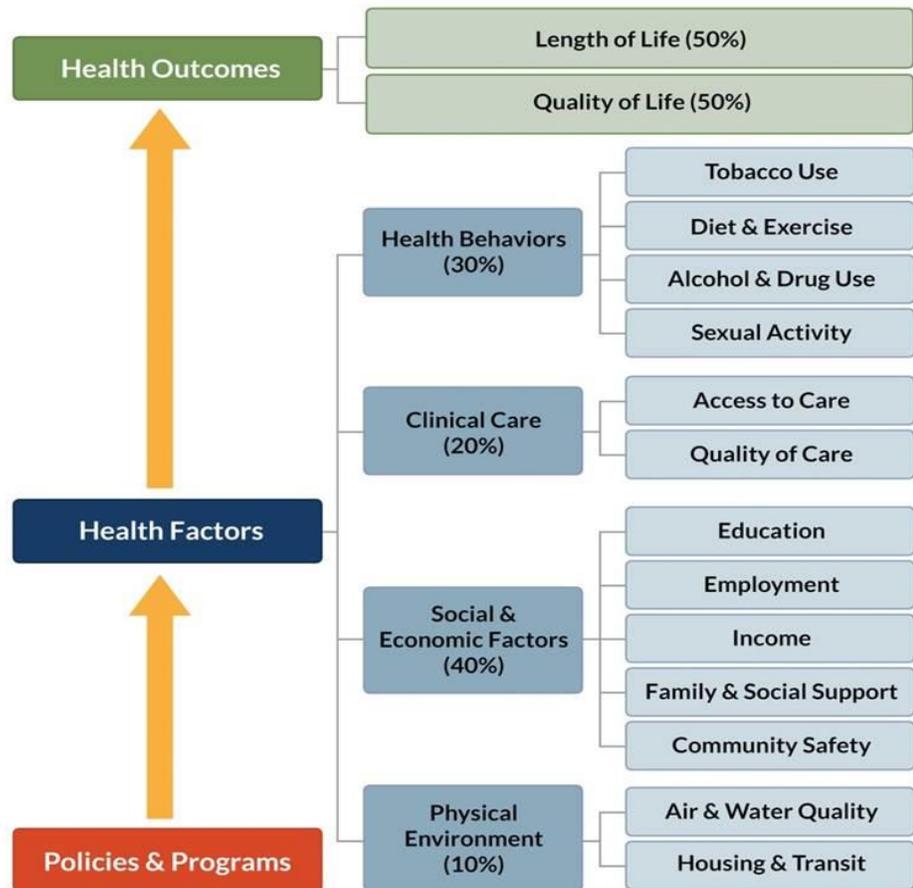
*indicates higher prevalence compared to Nevada

In addition to the data shared above on Behavioral Health, many other factors impact the overall health of the community. During the initial development of the strategic plan the information below was presented to provide a fuller picture of all the elements that impact health and how prevalent some of these elements are in our community.

SOCIAL DETERMINANTS OF HEALTH

Health outcomes for individuals and overall communities are strongly associated with the social characteristics of those individuals and communities. By influencing the factors related to health

outcomes, the WCHD hopes to improve the health outcomes for people within the community it serves. One of the most significant areas targeted for improvement is the high rate of chronic disease in the region.



County Health Rankings model © 2016 UWPHI

Chronic Disease Impacts in Washoe County

Washoe County, like the nation as a whole, is experiencing the extremely high physical and economic costs of chronic disease. The top 3 causes of death in 2015—Heart Disease, Cancer, and Chronic Lower Respiratory Disease—accounted for 68.2% of all deaths in Washoe County and cost the state approximately \$2.8 billion in direct expenditures (2011)—69.6% of the total economic burden to the state. Due to the scale of the impacts of chronic disease on the health and overall quality of life of residents of Washoe County, this is an issue the WCHD must address in its strategic plan.

Cause of Death by Sex

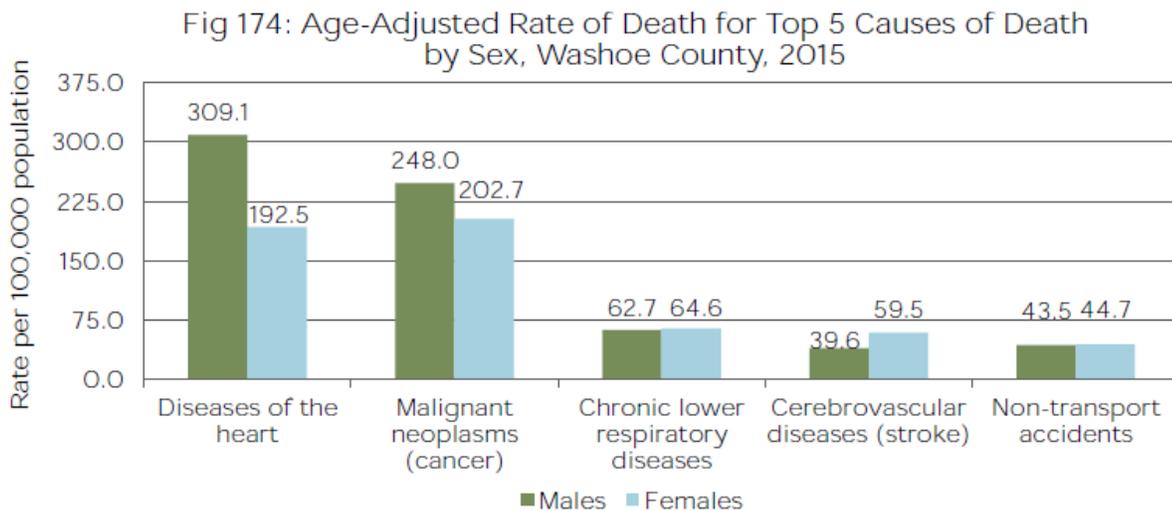


Figure 1- Community Health Needs Assessment

Heart Disease & Cancer

Washoe County has a higher incidence of death from heart disease, cancer, and chronic lower respiratory disease than Nevada and the United States as a whole.

Obesity

A key contributor to chronic disease, increasing rates of obesity are largely due to lifestyle changes in the way we eat and decreasing amounts of physical activity.

Health District Strategies

- Healthy Lives:** Many chronic diseases result from individual behaviors. By encouraging individuals to engage in healthy lifestyle behaviors and ensuring individuals have access to care when they need it, the WCHD hopes to reduce the negative impacts of chronic disease.

- **Local Culture of Health:** Just as the rise in chronic disease is a result of many factors, it will require many different factors to come together to reduce the impact of chronic disease. This can only be achieved through a significant change of attitude within the entire community towards one of acknowledging and acting on the health impacts of the decisions organizations, businesses, and individuals make.
- **Impact through Partnerships:** Combatting chronic disease is not something the WCHD can do alone. Many factors related to chronic disease—access to food and educational attainment for example—will require the collaboration and direct action of partner organizations.

Large Population Growth Expected

The population of Washoe County is growing and recent economic development in the region suggests the growth rate will increase in the future. To maintain service levels the Health District will require increased funding from reliable, long-term funding sources. In addition to an increased demand for services, the WCHD must also monitor and address the impacts of an increasing population on the environment, specifically the

Regional Population Projections

While there is strong consensus that the region the WCHD serves will grow, there are differing opinions on the timing and specific growth rates. The Washoe County Consensus forecast is predicting that Washoe County alone will have a population of 512,137 in 2020 and regional projections are anticipating 638,302 residents in 2019. Despite the differences between population projection models, common themes arise. Specifically, two of the largest demographics the WCHD serves, seniors and Hispanics, are both expected to experience strong growth.

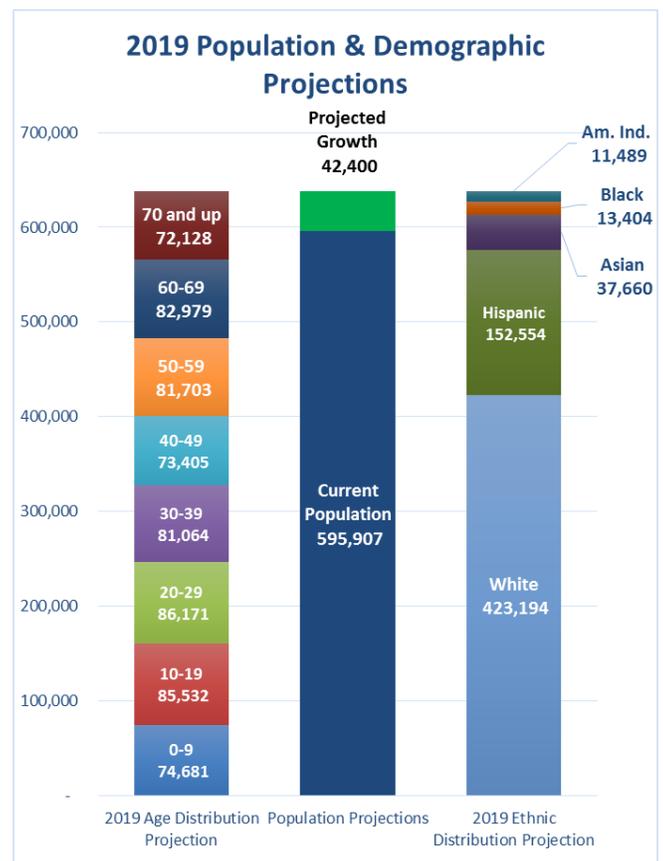


Figure 2- Economic Development Authority of Western Nevada

Health District Strategies:

- **Healthy Lives:** Board and staff will be monitoring the growth through service level demands. At this time, the plan does not specifically address an increase as the timing and forecasts are uncertain.
- **Organizational Capacity:** Resources will always be limited at the WCHD so it must make the most out of what it has. The WCHD's primary resource is its employees. By building their expertise and ensuring processes are as efficient as possible; the WCHD can mitigate potential increases in service demands.
- **Funding Stability:** To prepare for changes in the population, WCHD is seeking to more closely align its funding model with changes in the population it serves as well as seeking additional funding from the State of Nevada for public health.

ACHIEVING NATIONAL STANDARDS

While most people don't think about the health impacts of going outside, drinking a glass of water, or going out to eat, it is the WCHD's duty to ensure the safety of these activities. No immediate threats to public health due to environmental factors were discovered in the assessment of the strategic plan. However, the combination of recent upward trends in ozone concentration and more stringent federal standards illustrate one area the WCHD must focus on. Another area of focus for the Health District will be implementation of the uniform national standards of the FDA model food code to protect the community from food-borne illnesses. As a measure of progress in improving the health of the community, we will challenge ourselves and the community to achieve the national CDC *Healthy People 2020* goals.

Health District Strategies:

- **Healthy Environment:** Population growth and the new development that comes with it will require increased monitoring of air quality. New monitoring stations and innovative new monitoring technologies will help identify sources of pollution and solutions to help improve the region's air quality.

Washoe County Ozone Trend

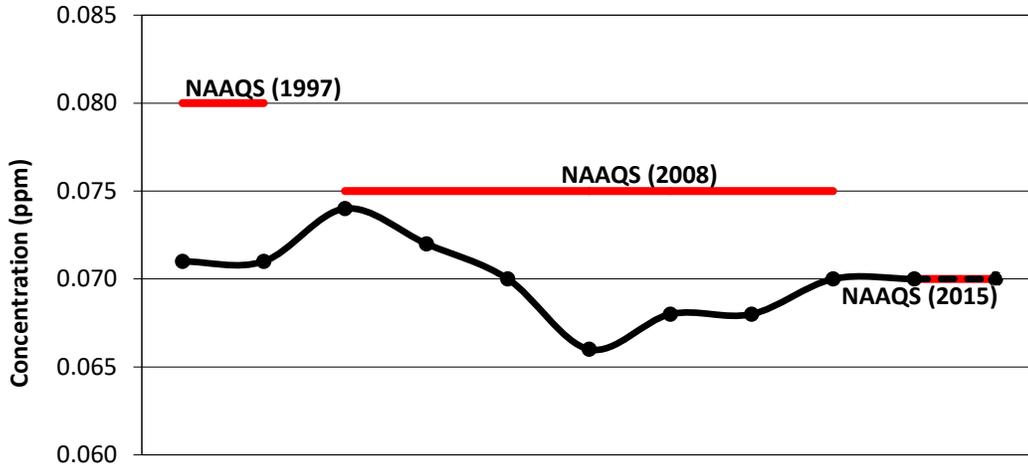


Figure 3- Washoe County

- **Local Culture of Health:** Nearly everyone impacts the region’s air quality in one way or another. Thus, nearly everyone has the power to help improve the region’s air quality. It will require a concerted effort by individuals, organizations, and policy makers to come together and recognize their impact on air quality and work to improve it.

STRATEGIC PLAN

Through the 6 month planning process that concluded in December of 2016, and with consideration of current trends, data and community needs identified at that time, the following strategic plan was drafted and approved by the Washoe County District Board of Health at the December 15th, 2016 board meeting.

MISSION

To protect and enhance the well-being and quality of life for all in Washoe County

VALUES

- **Trustworthiness:** appropriate allocation of resources, spend prudently, stewardship
- **Professionalism:** ethics, education, accountability
- **Partner-Collaborate:** be flexible, adapt, be accessible, be proactive, innovate and create

VISION

A healthy community

STRATEGIC DIRECTION

Leaders in a unified community making measurable improvements in the health of its people and environment

Success for the WCHD is determined by the overall health of the community it serves. First and foremost, the WCHD wants to make measurable progress on public health and quality of life indicators for the community it serves. While the WCHD can make a meaningful impact on many public health indicators, many of the challenges the community faces can only be overcome by multiple agencies working together. The WCHD can play a leadership role in the coordination of multiple entities and individuals to create a local culture of health.

GUIDING PRINCIPLES: WHAT IS CENTRAL TO THE WAY WE WORK?

- **Being data-driven:** The use of quality data is both a practice we promote externally to policy makers and something that guides our internal decision making.
- **Technology enables:** We embrace new ways of communicating and interacting when they have the potential to enhance our reach, effectiveness, and efficiency.
- **Work through and with partners:** Public health is a community-wide effort. We recognize that we don't have the resources or capabilities to address all of the

- community's health needs, so we engage and collaborate with partners to address major challenges.
- **Improving the system we work within:** We are capable of influencing the environment in which we work. In many areas, it will be necessary to make significant policy changes at the local, state, and national level to affect meaningful change.
- **Impact of growth:** Preparing for and reacting to the anticipated growth of our community is an assumption built in to all of our planning.
- **Developing our workforce:** Everything we do on a daily basis and everything we want to accomplish to move our organization forward requires a quality workforce to execute.
-

STRATEGIC PRIORITIES

1. **HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.** The health of a community depends on the health of the individuals within it. A wide range of factors impact one's health. These factors include individual nutrition and lifestyle choices, socio-economic conditions, and health policy decisions. The aim of the WCHD is to identify and address the most important factors contributing to the health of individuals within the community and implement solutions that allow people to live healthier lives.
2. **HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.** The external environment we interact with every day—the air we breathe, the water we drink, the buildings we work in—can impact the health of a community. The aim of the WCHD is to monitor and maintain a safe natural and built environment so the community feels confident living, working, and playing anywhere in Washoe County.
3. **LOCAL CULTURE OF HEALTH: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.** Many of the decisions community leaders, organizations, and individuals make every day can impact the community's health. However, the community's health is not always a factor in the decision making process. The WCHD's aim is to work with the community to assign greater value to its health and consider health implications in the decisions it makes.
4. **IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.** Many of the issues impacting the health and quality of life within Washoe County do not fall under the WCHD's direct jurisdiction nor can they be addressed by a single organization. To make meaningful progress on these issues requires a community effort. The WCHD will extend its reach by working with key partners to identify and address issues that require community collaboration.

5. **ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support growing population.** As the community grows, the service demands on the WCHD will grow. To maintain and improve levels of service, the WCHD workforce needs to grow along with the community. By investing in the capabilities of the WCHD staff and creating a positive and productive work environment, the WCHD will continually improve its ability to serve the community.
6. **FINANCIAL STABILITY: Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources on income.** Public health requires an up-front investment. The programs and services the WCHD offers require resources to implement but those programs and services create value for the community over time. When funding is insufficient or unreliable, it limits the positive impact of the WCHD. The WCHD's aim is to have greater control over its finances in order to be able to better predict and control future funding levels.

STRATEGIC PRIORITIES, DISTRICT GOALS & COMMUNITY INDICATORS

WHAT MUST WE FOCUS ON TO SUCCEED?

1. HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
1.1 Reduce the negative health and economic impacts of obesity and chronic disease.			
% of overweight and obese adolescents	34.6% (2015)	34%	33%
% of overweight and obese adults	57% (2015)	55%	55%
% of adults who are current smokers	15% (2014)	14%	13%
% of youth who currently smoke cigarettes	10.3% (2015)	9%	8%
Prevalence of diabetes	7.1% (2013)	7.1%	7%
Coronary heart disease mortality rate (per 100,000)	226.6 (2012)	224	222
Cancer mortality rate (per 100,000)	174.5 (2012)	172.5	170.5
1.2 Promote preventative health services that are proven to improve health outcomes in the community.			
Teen birth rates (per 100,000)	26.9 (2013)	25.6	24.2
% of newly reported hepatitis C cases with confirmatory test results	53% (2015)	60%	70%
# of people utilizing WIC	9,568 (2016)	9,855	10,046
Child immunization rates	75.5% (2016)	78%	80%
1.3 Improve access to health care so people of all means receive the health services they need.			
% of population with health insurance	79.4% (2014)	83.3%	87.3%
% of Washoe County residents with a usual primary care provider	68.1% (2014)	71.5%	83.9%
# of offsite events		200	200

2. HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
2.1 Protect people from negative environmental impacts.			
Ozone concentration (parts per billion) - Design value, 3-year average number	71 (2015)	70	68
Air quality index - % good and moderate days	356 Days (2013-2015)	358 Days	360 days
Waste generation - pounds/person/day	-	4.38 pounds/day	4.38 pounds/day
Recycling rates	31.5% (2015)	35%	35%

# of activities to prepare and respond to potential impacts due to drought, climate change, and natural disasters	12 (2015)	10	10
2.2 Keep people safe where they live, work, and play.			
# of risk-based environmental program standards	0 (2016)	2	10
% of risk-based food inspections	0% (2015)	100%	100%
Development of marketing plan to educate the public on the appropriate use of 911	-	1	1

3. LOCAL CULTURE OF HEALTH: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
3.1 Raise awareness of the Health District and the services it offers within the community.			
# of traditional media interviews and press releases	221 (2015)	250	275
# of social media posts	343 (2015)	500	700
# of impressions from advertising campaigns	12.6M (2015)	13.8M	14.0M
% of permits applied for online	-	5%	10%
3.2 Work with others to establish policies that positively impact public health.			
# of policies established or improved that positively impact public health. Examples might potentially include: <ul style="list-style-type: none"> • Taxation of e-nicotine products • Vaping in the Clean Indoor Air Act • Access to behavioral health services • Height and weight measurements in schools • Expansion of wrap-around service models 	-	2	5
3.3 Inform the community of important health trends by capturing and communicating health data.			
Average # weekly unique visitors to the Health District website	5,374 (2015)	5,911	6,502
# of community health data reports published/promoted. For example: <ul style="list-style-type: none"> • Community Health Needs Assessment • County Health Rankings • Air Quality Trends • Communicable diseases annual report 	4 (2015)	5	5

<ul style="list-style-type: none"> • Foodborne illness risk factors • Antibigram report 			
3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.			
# of supporting initiatives undertaken	3	4	5

4. IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
4.1 Lend support and accountability in childcare and educational settings to reduce outbreaks			
Duration of GI outbreaks in schools	44 days (2015)	40 days	36 days
4.2 Support and promote behavioral health.			
% of Washoe County high school students who attempt suicide	11.7% (2015)	11.1%	10.53%
% of Washoe County high school students who ever took a prescription drug without a doctor's prescription	18.3% (2015)	17.4%	16.5%
% of WC high school students who were offered, sold, or given an illegal drug by someone on school property	27.9% (2015)	26.5%	25.1%
Rate of K-12 Washoe County School District bullying incidents	-	-10%	-20%
% of Washoe County high school students who currently drink alcohol	35.5% (2015)	34.7%	32.9%
4.3 Increase community participation in physical activity and nutrition programs.			
Increase community participation in Nutrition/Physical Activity programs like 5210! Healthy Washoe	-	12	12
4.4 Enhance the Regional Emergency Medical Services System.			
Maintain 5 year Emergency Medical Services Plan	-	1 Plan	1 Plan
4.5 Engage the Community in Public Health Improvement.			
Partners engaged to implement the 2018-2020 Washoe County Community Health Improvement Plan	-	15	25

5. ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support growing population.

District Goals & Health District Outcomes	Baseline	Targets	
		2018	2020
5.1 Create a positive and productive work environment.			
Employee engagement	-	30%	35%
# of facility enhancements implemented (cumulative)	2 (FY16)	5	8
% of security enhancement projects completed	0 (FY16)	100%	100%
# of "Big" QI projects implemented in last 12 months	-	2	2
5.2 Focus on continuing to build staff expertise.			
% Implementation of the Workforce Development Plan	0%	50%	100%
5.3 Maintain National Public Health Accreditation			
Maintain Public Health Accreditation	-	100%	100%
5.4 Invest in Health District services to meet the needs of a growing community.			

6. FINANCIAL STABILITY: Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources on income.

District Goals & Community Outcomes	Baseline	Targets	
		FY18	FY20
6.1 Update the WCHD's financial model to align with the needs of the community.			
% State funding support	1.2% (FY15)	1.3%	1.5%
6.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.			
Utilization of interns and volunteers (hours/FTEs)	12,636/6.1 (FY15)	13,676/6.6	14,716/7.1
Budget per capita (442,000 population)	\$47.50 (FY15)	\$49.88	\$52.25

DISTRICT WIDE COLLABORATION

Collaboration Summary						
Goal	AHS	AQM	CCHS	EHS	EPHP	ODHO
1.1 Reduce the negative health and economic impacts of obesity and chronic disease.			X			
1.2 Promote preventative health services that are proven to improve health outcomes in the community.			X		X	X
1.3 Improve access to health care so people of all means receive the health services they need.			X			X
2.1 Protect people from negative environmental impacts.		X		X	X	
2.2 Keep people safe where they live, work, and play.				X	X	
3.1 Raise awareness of the Health District and the services it offers within the community.	X	X	X	X	X	X
3.2 Work with others to establish policies that positively impact public health.		X	X	X	X	X
3.3 Inform the community of important health trends by capturing and communicating health data.		X	X	X	X	X
3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.		X	X	X	X	X
4.1 Lend support and accountability in childcare and educational settings to reduce outbreaks				X	X	X
4.2 Support and promote behavioral health.			X		X	X
4.3 Increase community participation in physical activity and nutrition programs.			X			X
4.4 Enhance the Regional Emergency Medical Services System.					X	X
4.5 Engage the community in public health improvement.			X			X
5.1 Create a positive and productive work environment.	X	X	X	X	X	X
5.2 Focus on continuing to build staff expertise.	X	X	X	X	X	X
5.3 Accreditation Awarded	X	X	X	X	X	X
5.4 Invest in Health District services to meet the needs of a growing community.	X	X	X	X	X	X
6.1 Update the WCHD's financial model to align with the needs of the community	X					X
6.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.	X	X	X	X	X	X

PERFORMANCE MANAGEMENT OF STRATEGIC PLAN

The management of the strategic plan is conducted through an online platform which allows for regular progress reporting on the progress made towards accomplishing all goals, outcomes and initiatives included in the strategic plan. While each initiative has a specific reporting timeframe which may be monthly, quarterly or annually, each outcome and initiative has a measure of implementation included in the online platform and a specific staff member is assigned to enter progress updates. Additionally, a bi-annual report on strategic plan progress is compiled and presented to the District Board of Health and to all staff during an all staff meeting.

Meeting Type	Time Required	Audience	Purpose/Format
Bi-annual Strategic Plan Progress Report	20 mins	Washoe County DBOH, All WCHD staff	Review progress on performance measures. Receive board feedback on strategic focus areas.
Annual Planning Retreat	1 day	Washoe County DBOH, Division Directors and Supervisors	Confirm strategic direction, update annual goals, and revise action plans for next fiscal year.

ACTION PLAN

Outcomes and Initiatives		Who	FY18	FY19	FY20
1.1	Reduce the negative health and economic impacts of obesity and chronic disease.				
Outcome 1.1.1	Reduce the percentage of overweight and obese youth in Washoe County. (2015 Baseline: 34.6%)	Lisa Lottritz	Target 34%		Target 33%
Initiative 1.1.1.1	Expand Wolf Pack Coaches Challenge.	Erin Dixon			
Outcome 1.1.2	Reduce the percentage of overweight and obese adults in Washoe County. (2015 Baseline: 21.8%)	Lisa Lottritz	Target 55%		Target 55%
Initiative 1.1.2.2	Assess funding and staffing gaps for obesity and chronic disease prevention program given the desired improvements in community outcomes we are seeking.	Lisa Lottritz			
Outcome 1.1.3	Reduce the percentage of adults who are current smokers in Washoe County. (2014 Baseline: 15%)	Erin Dixon	Target 14%		Target 13%
Initiative 1.1.3.1	Develop, place, and evaluate smoking free community campaign.	Erin Dixon			
Initiative 1.1.3.2	Identify and implement smoke free policies at family friendly locations.	Erin Dixon			
Outcome 1.1.4	Reduce the percentage of youth who currently smoke cigarettes and e-cigarettes in Washoe County. (2015 Baseline: 10.3%)	Erin Dixon	Target 9%		Target 8%
	Correlates with Initiatives 1.1.3.1 and 1.1.3.2	Erin Dixon			
Outcome 1.1.5	Reduce the prevalence of diabetes in Washoe County. (2013 Baseline: 7.1%)	Erin Dixon	Target 7.1%		Target 7.0%
	Correlates with Initiatives 1.1.1.1 and 1.1.1.2	Erin Dixon			
Outcome 1.1.6	Reduce the coronary heart disease mortality rate (per 100,000) in Washoe County. (2012 Baseline: 226.6)	Erin Dixon	Target 224		Target 222
	Correlates with Initiatives 1.1.1.1, 1.1.1.2, 1.1.2.1, 1.1.2.2, and 1.1.2.3	Erin Dixon			
Outcome 1.1.7	Reduce the cancer mortality rate (per 100,000) in Washoe County. (2012 Baseline: 174.5)	Erin Dixon	Target 172.5		Target 172.5

Outcomes and Initiatives		Who	FY18	FY19	FY20
	Correlates with Initiatives 1.1.3.1 and 1.1.3.2	Erin Dixon			
1.2	Promote preventative health services that are proven to improve health outcomes in the community.				
Outcome 1.2.1	Monitor the teen birth rates (per 1,000) in Washoe County. (2013 Baseline: 26.9)	Lisa Lottritz	Target 25.6		Target 24.2
Initiative 1.2.1.1	Leverage the media, social media, and providers to increase outreach and education regarding available clinical services at the Washoe County Health District.	Lisa Lottritz			
Initiative 1.2.1.2	Promote “forget proof” birth control options within the community by increasing provider awareness regarding the importance of long-acting contraceptives in reducing teen and unintended pregnancy.	Lisa Lottritz			
Outcome 1.2.2	Increase the percentage of newly reported hepatitis C cases with confirmatory test results in Washoe County. (2015 Baseline: 53%)	Randall Todd	Target 60%		Target 70%
Initiative 1.2.2.1	Provide targeted education among those healthcare providers who do not follow CDC’s recommendation on hepatitis C testing.	Randall Todd			
Outcome 1.2.3	Increase the number of people utilizing WIC in Washoe County. (2016 Baseline: 9,568)	Erin Dixon	Target 9,855		Target 10,046
Outcome 1.2.4	Increase the percentage of children, 19-35 months old, who receive the recommended doses of vaccine, to Healthy People 2020 goal of 80%. (2015 Baseline: 75.5%)	Lisa Lottritz	Target 78%		Target 80%
Initiative 1.2.4.1	Participate on the Washoe County Immunization Workgroup to identify and coordinate immunization outreach activities for target populations.	Lisa Lottritz			
Initiative 1.2.4.2	Provide immunizations at the Truckee Meadows Healthy Communities Family Health Festival events.	Lisa Lottritz			
1.3	Improve access to health care so people of all means receive the health services they need.				
Outcome 1.3.1	Increase the percentage of the population with health insurance in Washoe County. (2014 Baseline: 79.4%)	Lisa Lottritz	Target 83.3%		Target 87.3%
Initiative 1.3.1.1	Encourage clients requesting high-cost services to meet with enrollment assister to get enrolled in an ACA or Medicaid plan.	Lisa Lottritz			
Outcome 1.3.2	Collaborate with community partners to increase the percentage of Washoe County residents with a primary care provider. (2014 Baseline: 68.1%)	Lisa Lottritz	Target 71.5%		Target 83.9%

Outcomes and Initiatives		Who	FY18	FY19	FY20
Initiative 1.3.2.3	Partner with University Nevada Reno to offer clinical rotations for medical residents, APRNS, and Nursing students.	Lisa Lottritz			
Outcome 1.3.3	Increase the number of offsite services in Washoe County.	Lisa Lottritz	Target 200		Target 200
Initiative 1.3.3.1	Increase offsite services through increased funding and partnerships.	Lisa Lottritz			
2.1	Protect people from negative environmental impacts.				
Outcome 2.1.1	Reduce the ozone concentration (parts per billion) – design value, 3-year average number in Washoe County. (2015 Baseline: 71)	Francisco Vega	Target 70		Target 68
Initiative 2.1.1.1	Implement and execute the Ozone Advance action plan.	Francisco Vega			
Initiative 2.1.1.2	Expand air monitoring network to West Reno.	Francisco Vega			
Outcome 2.1.2	Increase the air quality index – percentage good and moderate days in Washoe County. (2013-2015 Baseline: 356)	Francisco Vega	Target 358		Target 360
Initiative 2.1.2.1	Establish Reno-Tahoe Clean Cities Coalition with Department of Energy designation.	Francisco Vega			
Outcome 2.1.3	Work with current and ongoing regional organizations and partners to develop ideas and implement plans to reduce per capita waste generated in Washoe County.	Jim English	4.38 lbs/per person/day		4.38 lbs/per person/day
Outcome 2.1.4	Meet and exceed the 35% goal recycling rate in Washoe County. (2015 Baseline: 31.5%)	Jim English	Target 35%		Target 35%
Initiative 2.1.4.2	Create an educational and outreach plan to building on community partnerships to increase recycling rates, waste minimization, reuse and diversion throughout Washoe County.	Jim English			
Outcome 2.1.5	Broaden activities to other types of disasters and/or emergencies. (2015 Baseline: 12)	Christina Conti	Target 10		Target 10
Initiative 2.1.5.1	Keep disaster plans and training current.	Christina Conti			
2.2	Keep people safe where they live, work, and play.				

Outcomes and Initiatives		Who	FY18	FY19	FY20
Outcome 2.2.1	Develop risk based standards for all institution and facility programs. (2016 Baseline: 0%)	Amber English	Target 100%		Target 100%
Initiative 2.2.1.1	Develop and implement a work plan for establishing risk-based program standards for each program.	Amber English			
Outcome 2.2.2	Implement risk based food inspection program based on the criteria of FDA program standards. (2015 Baseline: 0%)	Tony Macaluso	Target 100%		Target 100%
Initiative 2.2.2.2	Establish risk-based environmental program standards for all programs.	Amber English			
Outcome 2.2.3	Implement staff QA program based on the criteria of FDA Standard 4, "Uniform Inspection Program" for food inspections. (no baseline data)	Tony Macaluso	Target TBD		Target TBD
Initiative 2.2.3.1	Correlates with Initiative 2.2.1.1				
Outcome 2.2.4	Reduce the percentage of foodborne illness risk factors in food establishments in Washoe County. (no baseline data)	Amber English	Target TBD		Target TBD
Outcome 2.2.5	Conduct outreach campaign to increase awareness of the appropriate use of 911.	Christina Conti	Campaign Implemented		Campaign Completed
Initiative 2.2.5.1	Develop a marketing plan to work with partner entities to educate the public on appropriate uses of 911	Christina Conti			
Outcome 2.2.6	Continue to fully implement the EHS Strategic Plan for all 9 FDA Standards.	Charlene Albee			
3.1	Raise awareness of the Washoe County Health District and the services it offers within our community.				
Initiative 3.1.1.2	Develop and post videos on website using County or contracted videographer or existing public health material.	Scott Oxarart			
Outcome 3.1.2	Increase the number of "likes and follows" of social media channels. (2015 Baseline: 343)	Scott Oxarart			
Outcome 3.1.3	Increase the number of impressions from advertising campaigns in Washoe County. (2015 Baseline: 12.6M)	Scott Oxarart	Target 13.8M		Target 14.0M
Outcome 3.1.4	Increase the percentage of permits applied for online in Washoe County. (no baseline)	Paula Valentin	Target 5%		Target 10%
Initiative 3.1.4.3	Identify and implement opportunities to increase efficiency and awareness of online permit application	Paula Valentin			

Outcomes and Initiatives		Who	FY18	FY19	FY20
3.2	Work with others to establish policies that positively impact public health.				
Outcome 3.2.1	Increase the number of policies established or improved that positively impact public health in Washoe County. (no baseline)	Kevin Dick	Target 2		Target 5
Initiative 3.2.1.1	Restrict smoking and vaping to designated areas on Washoe county properties and report on the number of properties with restricted smoking/vaping areas.	Kevin Dick			
Initiative 3.2.1.2	Establish policies that positively impact public health.	Kevin Dick			
Initiative 3.2.1.4	Submit recommendations to the Interim Legislative Committee on Health Care for consideration.	Kevin Dick			
Initiative 3.2.1.5	Work with stakeholders and community partners to develop legislator or interim committee sponsored model policy (BDRs) addressing public health.	Kevin Dick			
Initiative 3.2.1.6	Provide legislative testimony and support and report on the number and summary of policies/laws passed during the legislative session.	Kevin Dick			
3.3	Inform the community of important health trends by capturing and communicating health data.				
Initiative 3.3.2.1	Communicate Robert Wood Johnson Foundation county health data report in media efforts.	Scott Oxarart			
3.4	Raise awareness of the benefits of a healthy community to build a local culture of health.				
Outcome 3.4.1	Increase the number of initiatives contributing to building a local culture of health. (2015 Baseline: 3)	Kevin Dick	Target 4		Target 5
Initiative 3.4.1.1	Hold Family Health Festivals or other TMHC events/initiatives and report on the number of events.	Kevin Dick			
4.1	Lend support and accountability in childcare and educational settings to reduce outbreaks.				
Outcome 4.1.1	Reduce the duration of GI outbreaks in schools in Washoe County. (2015 Baseline: 44 days)	Randall Todd	Target 40 days		Target 36 days
Initiative 4.1.1.1	Provide Washoe County School District toolkits to prevent and control GI illness outbreaks.	Randall Todd			
4.2	Support and promote behavioral health.				

Outcomes and Initiatives		Who	FY18	FY19	FY20
Outcome 4.2.1	Reduce the percentage of Washoe County high school students who attempt suicide. (2015 Baseline: 11.7%)	Catrina Peters	Target 11.1%		Target 10.53%
Initiative 4.2.1.1	Collaborate with Truckee Meadows Healthy Communities and be a leader in moving the needle forward for behavioral health initiatives.	Catrina Peters			
Outcome 4.2.2	Reduce the percentage of Washoe County high school students who ever took a prescription drug without a doctor's prescription. (2015 Baseline: 18.3%)	Catrina Peters	Target 17.4%		Target 16.5%
	Correlates with Initiatives 4.2.1.1 and 4.2.1.2	Catrina Peters			
Outcome 4.2.3	Reduce the percentage of Washoe County high school students who were offered, sold, or given an illegal drug by someone on school property. (2015 Baseline: 27.9%)	Catrina Peters	Target 26.5%		Target 25.1%
	Correlates with Initiatives 4.2.1.1 and 4.2.1.2	Catrina Peters			
Outcome 4.2.4	Reduce the rate of K- 12 Washoe County School District bullying incidents. (no baseline)	Catrina Peters	Target -10%		Target -20%
	Correlates with Initiatives 4.2.1.1 and 4.2.1.2	Catrina Peters			
Outcome 4.2.5	Reduce the percentage of Washoe County high school students who currently drink alcohol. (2015 Baseline: 35.5%)	Catrina Peters	Target 34.7%		Target 32.9%
	Correlates with Initiatives 4.2.1.1 and 4.2.1.2	Catrina Peters			
4.3	Increase community participation in physical activity and nutrition programs.				
Outcome 4.3.1	Increase community participation in physical activity and nutrition programs like 5210! Healthy Washoe.	Catrina Peters			
4.4	Enhance the Regional Emergency Medical Services System.				
Outcome 4.4.1	Maintain a 5-Year Emergency Medical Service Plan. (2015 Baseline: 0%)	Christina Conti	Target 100%		Target 100%
Initiative 4.4.1.1	Report quarterly to the District Board of Health on progress of initiatives within the Strategic Plan.	Christina Conti			
4.5	Engage the Community in Public Health Improvement.				

Outcomes and Initiatives		Who	FY18	FY19	FY20
Outcome 4.5.1	Multiple community partners working collectively to implement the 2018-2020 Community Health Improvement Plan	Catrina Peters	Target 100%		Target 100%
5.1	Create a positive and productive work environment.				
Outcome 5.1.1	Increase the employee engagement score in Washoe County. (FY 2016 Baseline: 18.9%)	Catrina Peters	Target 25%		Target 30%
Initiative 5.1.1.1	Conduct an annual engagement survey.	Catrina Peters			
Initiative 5.1.1.2	Achieve 85% on-time annual reviews.	Kevin Dick			
Initiative 5.1.1.3	Achieve 85% on-time annual reviews.	Anna Heenan			
Initiative 5.1.1.4	Achieve 85% on-time annual reviews.	Francisco Vega			
Initiative 5.1.1.5	Achieve 85% on-time annual reviews.	Charlene Albee			
Initiative 5.1.1.6	Refine internal newsletter to best communicate current WCHD activities.	Randall Todd			
Initiative 5.1.1.7	Achieve 85% on-time annual reviews	Lisa Lottritz			
Outcome 5.1.2	Improve the Health District's facilities environment for customers and staff. (FY 2106 Baseline: 2)	Lisa Lottritz	Target 5		Target 8
Initiative 5.1.2.1	Implement actions to enhance aesthetics of the Health District building environment and report on number of actions taken.	Lisa Lottritz			
Outcome 6.1.4	Increase the number of QI projects implemented in last 12 months within the Washoe County Health District. (FY 2106 Baseline: 8)	Catrina Peters	Target 10		Target 12
Initiative 5.1.4.1	Develop and approve an annual Quality Improvement Plan.	Catrina Peters			
Initiative 5.1.4.2	Implement QI projects and report on the number of projects implemented.	Catrina Peters			
Outcome 5.1.5	Complete two "Big" QI projects per year.				

Outcomes and Initiatives		Who	FY18	FY19	FY20
Initiative 5.1.5.1	Complete Quality Improvement Projects	Catrina Peters			
5.2	Focus on continuing to build staff expertise.				
Outcome 5.2.1	Implement the Workforce Development Plan. (FY 2016 Baseline: Plan under development)	Catrina Peters	Target 50%		Target 100%
Initiative 5.2.1.1	Increase the number of staff with at least one professional development opportunity in annual performance evaluations.	Kevin Dick			
Initiative 5.2.1.2	Increase the number of staff with at least one professional development opportunity in annual performance evaluations.	Anna Heenan			
Initiative 5.2.1.3	Increase the number of staff with at least one professional development opportunity in annual performance evaluations.	Charlene Albee			
Initiative 5.2.1.4	Increase the number of staff with at least one professional development opportunity in annual performance evaluations.	Francisco Vega			
Initiative 5.2.1.5	Increase the number of staff with at least one professional development opportunity in annual performance evaluations.	Randall Todd			
Initiative 5.2.1.6	Increase the number of staff with at least one professional development opportunity in annual performance evaluations.	Lisa Lottritz			
Initiative 5.2.1.7	Identify current and future workforce needs to support career pathways.	Kevin Dick			
Initiative 5.2.1.8	Identify current and future workforce needs to support career pathways.	Anna Heenan			
Initiative 5.2.1.9	Identify current and future workforce needs to support career pathways.	Charlene Albee			
Initiative 5.2.1.10	Identify current and future workforce needs to support career pathways.	Francisco Vega			
Initiative 5.2.1.11	Identify current and future workforce needs to support career pathways.	Randall Todd			
Initiative 5.2.1.12	Identify current and future workforce needs to support career pathways.	Lisa Lottritz			
Initiative 5.2.1.13	Develop and implement the workforce development plan.	Catrina Peters			

Outcomes and Initiatives		Who	FY18	FY19	FY20
Initiative 5.2.1.14	Establish a partnership with UNR to become an "academic health department" to better reflect the current status of the project.	Catrina Peters			
Initiative 5.2.1.15	Provide opportunities for leadership development through short courses, certificate programs, distant learning and other opportunities.	Catrina Peters			
5.3	Maintain National Public Health Accreditation				
Outcome 5.3.1	Continue to improve internal processes to ensure policies and procedures meet National Public Health Accreditation Standards.	Catrina Peters			
Initiative 5.3.1.1	Submit Annual Reports with all required documentation	Catrina Peters			
5.4	Invest in Health District services to meet the needs of a growing community.				
Outcome 5.4.1	Establish and staff additional positions during FY21.	Anna Heenan			
Initiative 5.4.1.1	Shift Communications Program Manager Position off of grant funds.	Kevin Dick			
Initiative 5.4.1.2	Increase local funding for the Immunization Program	Lisa Lottritz			
Initiative 5.4.1.3	Fund a Technology Developer position for the Regional Permitting System.	Charlene Albee			
Initiative 5.4.1.4	Establish and fill an additional Public Health Investigator position in EPHP.	Randall Todd			
Initiative 5.4.1.5	Establish and fill a Public Health Nurse Supervisor position in CCHS.	Lisa Lottritz			
Outcome 5.4.2	Establish a Behavioral Health and Injury Prevention Program in CCHS.	Lisa Lottritz			
Initiative 5.4.2.1	Establish and fill two Health Educator positions in CCHS.	Lisa Lottritz			
6.1	Update the WCHD's financial model to align with the needs of the community.				

Outcomes and Initiatives		Who	FY18	FY19	FY20
Outcome 6.1.1	Increase State funding support in Washoe County.	Anna Heenan			
6.2	Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.				
Outcome 6.2.1	Increase budget per capita (442,000 population). (FY 2015 Baseline: \$49.88)	Anna Heenan	Target \$49.88		Target \$52.25
Initiative 6.2.1.2	Identify opportunities to support above base requests within division budgets.	Anna Heenan			
Outcome 6.2.2	Increase utilization of interns and volunteers (hours/FTEs). (FY 2015 Baseline: 12,636/6.1)	Anna Heenan	Target 13,676/6.6		Target 14,716/7.1

APPENDIX A

PLAN REVISION PROCESS SUMMARY

As mentioned in the beginning of the document, in fall of 2019 the DBOH convened a Strategic planning retreat to revisit the strategic plan, discuss the progress to date and if any revisions were needed. This was a very similar process to the retreat conducted in the fall of 2017 and 2018 and the preparation process for each retreat. New information was shared and considered from the Washoe County Regional Behavioral Health Board data profile in addition to information on other emerging trends such as increases in population in Washoe County, our increase incidence rates for substance use and suicide and our growing homeless population. A summary of the meeting and major activities as well as the new data provided is summarized below.

Meetings and Major Activities

Meetings and Major Activities	Participants	Timing
Phase 1: Retreat Planning		
Retreat planning meeting	Core Planning Team	7/24/19
Retreat planning meeting	Core Planning Team	8/7/19
Meeting with Division Directors to discuss Strategic Planning retreat agenda and purpose	Core Planning Team & WCHD Division Directors	8/7/19 & 9/17/19
Retreat planning meeting to review materials and presentations to be shared	Core Planning Team & WCHD Division Directors	11/5/19
Phase 2: Conduct Retreat		
Strategic Planning Retreat Day 1 <ul style="list-style-type: none"> • Provided an update on data used in the initial strategic plan • Review current and emerging considerations • Presented updates on future Strategic Plan initiatives • Discuss any potential revisions needed to the plan 	District Board of Health, Core Planning Team, Division Directors, and Supervisors	11/7/19
Phase 3: Revise Plan		
Present revised plan to District Board of Health for review and approval	District Board of Health	12/12/19
Revised Strategic Plan rollout to all staff	All WCHD Staff	1/14/20

Participant Lists

Core Planning Team

1. Kevin Dick, District Health Officer
2. Catrina Peters, Director of Programs and Projects

District Board of Health

1. Marsha Birkbigler, Washoe County Commissioner
2. Kristopher Dahir, Sparks City Council
3. Oscar Delgado, Reno City Council
4. Dr. John Novak, Non-Elected Washoe County Appointee
5. Tom Young, Non-Elected Washoe County Appointee
6. Reka Danko, Non-Elected Washoe County Appointee

WCHD Division Directors

1. Charlene Albee, Division Director, Environmental Health Services
2. Lisa Lottritz, Division Director, Community and Clinical Health
3. Randall Todd, Division Director, Epidemiology and Public Health Preparedness
4. Francisco Vega, Division Director, Air Quality Management
5. Anna Heenan, Admin Health Services Officer

WCHD Staff

1. Laura Rogers, Administrative Secretary
2. Dan Inouye, Air Quality Supervisor
3. Erin Dixon, Public Health Supervisor
4. Angela Penny, PHN Supervisor
5. Kim Graham, Administrative Assistant
6. Wes Rubio, Environmental Health Specialist Supervisor
7. James English, Environmental Health Specialist Supervisor
8. Paula Valentin, Administrative Assistant
9. Christina Conti-Rodriguez, EMS Program Manager
10. Nancy Kerns Cummins, Fiscal Compliance Officer
11. Jennifer Hoekstra, Fiscal Compliance Officer
12. Scott Oxarart, Public Health Communications Program Manager
13. Joelle Gutman, Government Affairs Liason
14. Falisa Hilliard, Office Support Specialist

Summary of 2018-2020 Community Health Needs Assessment

After the initial 2015-2017 Community Health Needs Assessment, a 2018-2020 Washoe County Community Health Needs Assessment (CHNA) was completed and the preliminary results were shared at the 2017 strategic planning retreat. The 2018-2020 CHNA is a collaboration funded by Washoe County Health District and Renown Health.

Purpose

- Identify health needs of a geographically defined area “community”
- Identify strengths and assets of the community
- Inform decision makers and leaders

Components

1. **Secondary data:** data for over 250 health indicators from reliable and generalizable sources such as Behavioral Risk Factor Surveil
2. lance Survey (BRFSS), Youth Risk Behavior Survey (YRBS), American Community Survey (ACS), and other sources of standardized population data available at the county level. Indicators align with the Table of Contents [attached].
 - i. Data displayed in 5-10 years trends, some indicators show disparities among educational attainment, race/ethnicity, age, and sex, and compare Washoe County performance to Nevada and United States as well as Healthy People 2020 objectives.
3. **Primary data:** data gathered through a survey of residents focused on areas with little to no secondary data. Includes questions identifying barriers to physical activity, nutrition, and accessing healthcare. Helps understand the why and how. Survey available in English and Spanish, online and hardcopy, over 1,400 respondents over a 4-month period.
4. **Ranked health needs:** Objective measurement of secondary and primary data scored on five criteria [accompanying table] to determine rank. [see ranked data graph, ranked community input graph, overall rank]
5. **Prioritized focus areas:** community workshop was an opportunity for community organizations and leaders to weigh in and identify which priority areas under each health topics has the best opportunity for sustainable success. [workshop results]

2018-2020 Washoe County Community Health Needs Ranking

Health Topic	Overall Rank	Community Survey	Data	Community Workshop
Access to Health	1	1	6	3
Mental Health	2	5	1	2
Social Determinants	3	3	8	1
Crime & Violent-Related Behaviors	4	4	5	7
Physical Activity, Nutrition, & Weight	5	6	2	5
Chronic Disease/Screenings	6	6	3	6
Substance Use	7	7	4	4
Injury Prevention	8	7	7	12
Maternal & Child Health	9	Under Sexual Health	9	8
Sexual Health	10	10	10	10
Environmental Health	11	2	12	11
Infectious Disease & Immunizations	12	6	11	9
Community Services	NR	9	NR	Under Social Determinants
Built Environment	NR	11	NR	Under Physical Activity

Criteria for Score and Rank of Health Priorities

1. **Magnitude:** the percent, rate, or number of measured population impacted by each indicator.
2. **Severity:** severity of what the indicator measures acute, short-term impact or is it a measure of premature death, disability, chronic illness.
3. **Trend:** indicator shows improvement, worsening, or no improvement over time.
4. **Benchmark:** how Washoe County ranked relative to Nevada, the United States or Healthy People 2020 objectives.
5. **Community Perception:** perceived importance as determined by the score resulting from online community survey respondents.

Criteria & Associated Scoring Used to Determine Health Topic Score & Rank		
Criteria	Score	Definition
Magnitude [weight 1.0]	0	0-.9% of population impacted
	1	.91-3.0% of population impacted
	2	3.1-7.0% of population impacted
	3	7.1% + of population impacted
Severity [weight .75]	0	Not serious/short-term issue (0-2 weeks)
	1	Moderately serious/medium length of impact 2 weeks-1 year
	2	Very serious/1+ years of impact
Trend [weight .75]	0	Improvement over the past 5-10 years
	1	No clear trend up or down
	2	Getting worse over the past 5-10 years
Benchmark [weight .5]	0	Better than Nevada or National level by more than 3%
	1	Same as Nevada or National level; within 1-2%
	2	Worse than Nevada or National level by 3-5%
	3	Worse than Nevada or National level by 6% or higher
Community Perception [weight 2.0]		The calculated average score resulting from the health topic prioritization survey question, [multiplied by 2]

APPENDIX B

DETAILED PLANNING PROCESS

The documents included in appendix B include a description of the planning process and participants as well as the documents and data that were used in the initial version of the Strategic Plan. They were included in the revised 2018-2020 Strategic Plan to reflect the information provided that shaped the initial version of the Strategic Plan.

Meetings and Major Activities

Meetings and Major Activities	Participants	Timing
Phase 1: Determine Position		
Kickoff Meeting to clarify outcomes and expectations	Core Planning Team	11/23/2015
1:1 Strategy Interviews with District Board of Health Members	District Board of Health	01/25/16 to 2/12/2016
Project management meeting to review strategy interview findings and develop Stakeholder Survey questions	Core Planning Team	02/05/2016
Stakeholder survey	All WCHD Staff, External Stakeholders	02/16/2016 to 03/04/2016
Initial strategy session to confirm initial findings (See Current State Summary below)	Core Planning Team & WCHD Division Directors and Supervisors	03/02/2016
Project management meeting to develop employee engagement presentation and draft major themes from current state assessment.	Core Planning Team	03/11/2016
Presentation of Stakeholder Survey findings to Division Directors for review	WCHD Division Directors	03/18/2016
Presentation of initial findings and draft strategic planning retreat agenda to DBOH	District Board of Health, Core Planning Team	03/24/2016
Project management meeting to develop supporting materials for strategic planning retreat	Core Planning Team	03/25/2016
Presentation of Stakeholder Survey findings to all WCHD staff for review	All WCHD Staff	04/05/2016
Project management meeting to finalize agenda and clarify roles during strategic planning retreat	Core Planning Team	04/08/2016
Phase 2: Develop Strategy		
Strategic Planning Retreat Day 1 <ul style="list-style-type: none"> • Clarified the District's core purpose and strategic direction • Developed Strategic Objectives • Developed District Goals 	District Board of Health, Core Planning Team, Division Directors, and Supervisors	04/14/2016
Phase 3: Build the Plan		
Strategic Planning Retreat Day 2 <ul style="list-style-type: none"> • Developed desired community outcomes • Developed initiatives to support District goals • Developed strategic plan implementation model 	Core Planning Team, Division Directors, and Supervisors	04/15/2016
Project management meeting to review draft strategic plan	Core Planning Team	04/29/2016
Review of draft plan for input and feedback	Division Directors and Supervisors	05/02/2016 to 05/12/2016
Present draft plan to District Board of Health for review and approval	District Board of Health	05/26/2016
Plan rollout to all staff	All WCHD Staff	07/1/2016

Participant Lists

Core Planning Team

1. Kevin Dick, District Health Officer
2. Sara Dinga, Director of Programs and Projects
3. Anna Heenan, Administrative Health Services Officer

District Board of Health

4. Kitty Jung, Washoe County Commissioner
5. Julia Ratti, Sparks City Council
6. Oscar Delgado, Reno City Council
7. Michael D. Brown, City of Reno Non-Elected Appointee
8. George Hess, M.D. District Board of Health Appointee
9. John Novak, City of Sparks Non-Elected Appointee
10. David Silverman, Non-Elected Washoe County Appointee

WCHD Division Directors

11. Charlene Albee, Division Director, Air Quality Management
12. Robert Sack, Division Director, Environmental Health Services
13. Steve Kutz, Division Director, Community and Clinical Health
14. Randall Todd, Division Director, Epidemiology and Public Health Preparedness

WCHD Supervisors

15. Dawn Spinola, Administrative Secretary
16. Phil Ullbarri, Public Health Communications Program Manager
17. Mike Wolf, Air Quality Supervisor
18. Dan Inouye, Air Quality Supervisor
19. Linda Gabor, PHN Supervisor
20. Lisa Lottritz, PHN Supervisor
21. Stacy Hardie, PHN Supervisor
22. Dave McNinch, Environmental Health Specialist Supervisor
23. Tony Macaluso, Environmental Health Specialist Supervisor
24. Jim Shaffer, Vector Coordinator
25. James English, Environmental Health Specialist Supervisor
26. Jeff Whitesides, Public Health Preparedness Manager
27. Christina Conti-Rodriguez, EMS Program Manager
28. Sunita Monga, Community Health Nutritionist
29. Janet Piette, Community Health Nutritionist

Current State Assessment

SWOT Analysis

<p><u>Strengths</u></p> <ul style="list-style-type: none"> • Customer Service • Proactive disease prevention and public health promotion • Community health education and outreach • Community engagement and communication • Knowledgeable staff dedicated to their work • Breadth and quality of services • Working with community partners • Leadership and employee communication • Emergency response • Working efficiently with limited resources 	<p><u>Opportunities</u></p> <ul style="list-style-type: none"> • Population growth and resulting increased resources • Local hospitals' willingness to support public health efforts • Strong awareness and data of the community's health needs through recent Community Health Needs Assessment • Willingness of community partners to engage in efforts such as the Community Health Improvement Plan and Truckee Meadows Healthy Communities • Partnering with entities such as UNR, TMCC, Hospitals, school districts, nonprofits, etc. to expand reach and impact. • Increasing rates of people with health insurance
<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> • Promotion of Health District in community • Employee morale • Employee accountability and engagement • Working together across divisions • Appearance, safety, and accessibility of facility • Lack of positive encouragement from leadership • Employee recognition, appreciation, and support • Employee training • Consistent, equitable treatment of employees • Capturing and acting on citizen input • Stability and level of financial resources • Process efficiency • Efficient, equitable resource allocation • Customer service • Soliciting and acting on employee input • Employee communications • Use of current technology • Resources for chronic health disease prevention • Working with external partners • Bureaucracy and red tape • Lack of standard, defined processes • Employee workloads • Inability to cut unneeded services 	<p><u>Threats</u></p> <ul style="list-style-type: none"> • Population growth and increasing need for services • Growing senior population with higher needs • Nevada has the lowest levels of public health funding of any state • Low graduation rates which are tied to poorer public health outcomes • Mental health provider shortage in all of Washoe County • Increasing community reliance on supplemental nutrition assistance program • More strict federal standards for air quality • Drought and climate change's impact on water supply • Primary care provider shortage • Difficulty finding providers who accept Medicaid • Increasing rates of sexually transmitted diseases • Increasing prevalence of vaping • Increasing rates of obesity and chronic disease

Mission Statement: What is the Core Purpose of the Health District?

Current Statement

To protect and enhance the physical well-being and quality of life for all citizens of Washoe County through providing health information, disease prevention, emergency preparedness, and environmental services.

70.7% of survey respondents agree that the current mission statement strongly explains the core purpose of the Health District. Below is a summary of what respondents like about the current statement and what they think could be better.

Key Themes	
Why?	Why Not?
<ul style="list-style-type: none"> • It accurately reflects the core purpose of a Health District in general and us specifically (x12) • It is clear and succinct (x3) • It focuses on our citizens (x2) 	<ul style="list-style-type: none"> • It doesn't encompass our work in: <ul style="list-style-type: none"> ○ Prevention (x3) ○ Air Quality (x3) ○ WIC (x2) ○ Community partnerships (x2) • We protect and enhance more than just physical well-being (x6) • It should be more general and inspiring less list-like (x4) • It is difficult to understand/the terminology is unclear (x3) • Our services also protect visitors, not just citizens (x2)

Other Health District Mission Statements

- **Southern Nevada:** To protect and promote the health, the environmental and the well-being of Southern Nevada residents and visitors.
- **Carson City:** To protect and improve the quality of life for our Community through disease prevention, education and support services.
- **CA Dept. of Public Health:** The California Department of Public Health is dedicated to optimizing the health and well-being of the people in California.
- **Sacramento County:** The mission of Sacramento County Public Health is to promote, protect, and assure conditions for optimal health and public safety for residents and communities of Sacramento County through leadership, collaboration, prevention and response.

Draft Mission Statements

1. *To protect and enhance the health and well-being of the Washoe County community.*
2. *To protect and enhance the health, well-being, and quality of life for all citizens and visitors to Washoe County.*
3. *To make Washoe County a healthier community.*
4. *To provide services that have meaningful, positive impacts on the health of the Washoe County community.*

Strategic Direction: What does success look like?

Current Statement

We are leaders in a Unified Community Committed to Optimal Human and Environmental Health.

Stakeholder Survey Results

51.8% of survey respondents agree that the current statement clearly explains what success looks like for the Health District over the next 5 years. Below is a summary of what respondents like about the current statement and what they think could be better.

Key Themes	
Why?	Why Not?
<ul style="list-style-type: none"> • ‘Unified Community’ speaks to our work with partners • Concise and inspiring 	<ul style="list-style-type: none"> • ‘Optimal Health’ is very broad and not quantifiable • Too much jargon, not enough substance • Does not seem feasible given current internal and external environment

Board Direction

By 2020, success in our community looks like...

Key Themes

- **Improved community health indicators:** We have reached aspirational goals on community health indicators.
- **Increased work with partners:** We should focus on what we do really well and then partner with others with different expertise.
- **Responsiveness to community growth:** We’ve been able to maintain service levels as the community has grown.

- **Innovative pilot programs:** Trying out new ideas that can potentially have major impacts.
- **Clean, safe downtown:** Cleaning up downtown.
- **Financially stable organization:** The Health District will be less dependent on general funds and able to better predict future funding levels.

Other Responses

- **National model:** We are a model for other communities throughout the nation.
- **Serving the underserved:** We've been able to expand services and reach more of the underserved population in our County.
- **Working closer with the cities:** Increasing the interaction with and collaboration with Reno and Sparks.
- **Beyond mandates:** Able to extend services beyond what is mandated into other areas that can improve the health of the community.
- **Partnering to extend reach:** Strengthening relationships with other agencies in the community working to improve the health and well-being of the community.
- **Community awareness:** There will be greater community awareness and appreciation for what the Health District does.
- **Community hub:** The Health District should be a hub for low-income people to get their needs met.
-

Other Health District Strategic Direction Statements

- **Southern Nevada:** Healthy People in a Healthy Southern Nevada.
- **Carson City:** Carson City Health and Human Services leads the region in providing services that support healthy communities.
- **CA Dept. of Public Health:** Healthy Individuals and Families in Healthful Communities.
- **Sacramento County:** Optimal health and well-being for Sacramento County communities!
- **Weld County:** Together, we are working to make Weld County a healthy place to live, learn, work and play.

Draft Strategic Direction Statements

1. *We will be leaders in a unified community committed to making measurable progress on the health of its people and environment.*
2. *Washoe County will be recognized as a top community for health, well-being, and quality of life.*
3. *Washoe County will make meaningful progress on public health indicators resulting from a unified, community-wide focus on health.*

Strategic Objectives: What do we need to focus on to Achieve our Strategic Direction?

Board Priorities

What are the top 3 most significant issues facing the Health District?

Key Themes

1. Financial sustainability: The Health District needs to be less reliant on the County for general funds.
2. Tightened air quality standards: The Health District needs to improve the region's current air quality to meet new, tougher federal air quality standards.
3. Ambulance service: The current provider does not have a good history of achieving the required service levels.

What community or regional trends do we need to address during this process?

Key Themes

- Drug abuse: Our region is seeing increased use of heroin and methamphetamine and the negative effects of these drugs are impacting our community.
- Drought and climate change: Access to water and changing climates could negatively impact the health of the community.
- Population growth: We need to be able to meet the needs of a growing population and a more geographically dispersed population.
- Obesity: We need to help prevent obesity by addressing issues such as access to healthy food.

What are the long-term priorities the Health District needs to focus on over the next 3-5 years?

Key Themes

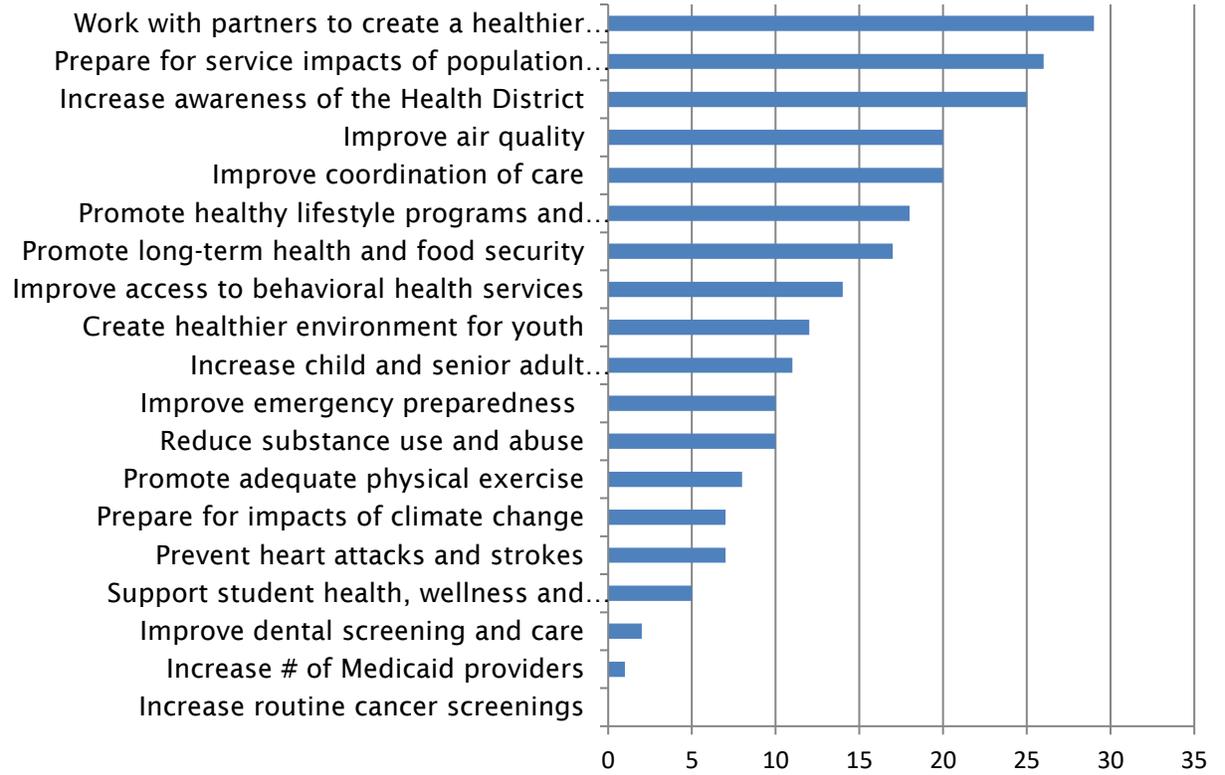
- Financial resources: Improving the finances of the District for greater security and to enable the organization to be proactive and explore new programs and services to help the community.
- Increasing awareness and public outreach: Informing more people about the services the Health District offers and its positive impact on the community.
- Long-term planning: We need to get ahead of requirements and regulations and try to be more proactive in our planning.
- Quality control and process improvement: In the past 7 years the Health District has come a long way but we can still do better at making this part of the culture.

Management Team Priorities

- Population growth and the resulting social/environmental impacts
- Fiscal sustainability to be able to proactively address issues instead of struggling to keep up
- Stable priorities backed by long-term funding commitments
- Resource flexibility to address issues that have the biggest impact on community health such as chronic disease, and behavioral health
- Updated identity/brand/image for the Health District including facility upgrades
- Trusting, open, and engaged work environment

Stakeholder Survey Priorities

Priority Ranking



DRAFT 2016-2018 STRATEGIC OBJECTIVES

- 1. Improve the health of our community by empowering individuals to live healthier lives.**
 - a. How do we reduce the negative health and economic impacts of obesity/chronic disease?
 - b. How can we reduce increasing rates of sexually transmitted disease?
 - c. Should we increase our efforts to improve outcomes related to maternal, infant and child health?
 - d. How do we increase immunization rates and prevent the spread of disease?
 - e. What can we do to improve access to health care?
- 2. Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.**
 - a. What is our plan to meet more strict air quality standards?
 - b. What should we be doing to address drought/climate change?
 - c. How can we better prevent food safety issues?
 - d. How can we be better prepared for emergencies?
- 3. Extend impact through partnerships.**
 - a. How can we best support the implementation of the Community Health Improvement Plan and make an impact on the Behavioral Health, Education, and Food Security needs of our community?
 - b. What can we do to reduce high suicide rates in our community, especially among youth?
 - c. How can we best address increasing rates of drug use and abuse in our region?
 - d. How can we improve the regional EMS System?
- 4. Lead the creation of a local culture of health.**
 - a. How can we establish a new and improved Health District identity/brand?
 - b. How can we get the word out about all the great work we do?
 - c. How can we encourage citizens to live healthier lifestyles every day?
 - d. How can we make meaningful improvements in health policy?
- 5. Achieve greater financial stability.**
 - a. How do we achieve greater financial stability/predictability?
 - b. Do we agree on our current local funding model for the Health District?
- 6. Strengthen our workforce and increase operational capacity to support growing population.**
 - a. How can we work better across divisions and inter-jurisdictionally?
 - b. How can we continue to improve our process efficiency and use of technology?
 - c. How can we provide more training and professional development opportunities for staff?
 - d. What can we do to make the Health District facility more inviting?
 - e. How can we create a culture of employee recognition, encouragement, and accountability?
 - f. How can we become better leaders of our organization?

Improve the health of our community by empowering individuals to live healthier lives

Highlights from Board Interviews

- “We moved the needle on the Community Health Needs Assessment measures and Truckee Meadows Tomorrow quality of life indicators.”
- “We are a mentally and physically healthy community.”
- “There will be less smoking, drinking, obesity, suicide, food insecurity, etc. due to our education and program support.”
- “Most people don’t see it, but overdose rates are going up. We need to get on the front end of this rising problem.”

Strategic Issues

1. How do we reduce the negative health and economic impacts of obesity/chronic disease?
2. How can we reduce increasing rates of sexually transmitted disease?
3. Should we increase our efforts to improve outcomes related to maternal, infant and child health?
4. How do we increase immunization rates and prevent the spread of disease?
5. What can we do to improve access to health care?

Program Expansion Recommendations

41.7% of respondents think that there are programs or services of the Health District that should be expanded. When asked which ones, key themes were:

- Chronic disease prevention program (x11)
- Community education (x5)
- Maternal and child health (x5)
- Immunizations (x4)
- Environmental Health Services (x3)
- Nutrition education (x2)
- Community and Clinical Health Services (x2)

New Program Recommendations

44.1% of respondents think that the Health District is providing all of the public health services it should be to properly serve the community. When asked which new programs or services are needed, the top responses were:

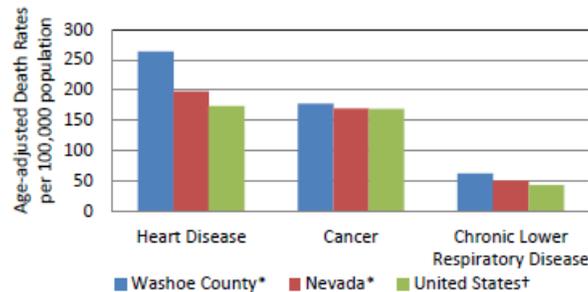
- Don’t add new programs, strengthen existing programs (x4)
- Mental health services (x3)
- Chronic disease prevention services (x3)
- Additional support for families and children (x2)
- Oral health
- Injury prevention

Relevant Findings from the Community Health Needs Assessment

Chronic Disease

The top 3 causes of death in 2012—Heart Disease, Cancer, and Chronic Lower Respiratory Disease—accounted for 68.2% of all deaths in Washoe County and cost the state approximately \$2.8 billion in direct expenditures (2011)—69.6% of the total economic burden to the state.

Figure 1.1: Top 3 Causes of Mortality, Washoe County, Nevada & the United States, 2011



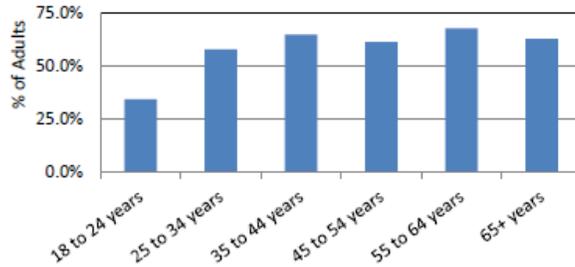
Source: *Nevada Health Statistics Portal Death Data Query
Source: †National Vital Statistics Report, Deaths Preliminary Data for 2011

Chronic Disease Risk Factors

“Four health behaviors are responsible for nearly 70% of deaths in the US: Lack of physical activity, unhealthy diet, smoking tobacco, and excessive alcohol consumption. Research shows that by reducing or eliminating these four risk factors, anywhere from 40-80% of premature deaths related to heart disease, cancer, and cardiovascular deaths can be prevented.”

- **Physical activity:** “Less than 25% of adolescents and adults are getting the recommended daily amount of physical activity.”
- **Nutrition:** “Only 30.7% of youth could have met the recommended dietary guidelines for servings of fruit and only 12.9% could have met the rec. intake for vegetables over the course of the previous week.”
- **Obesity:** “Obesity may be the single largest threat in the country, not only to public health, but the economy as well.”

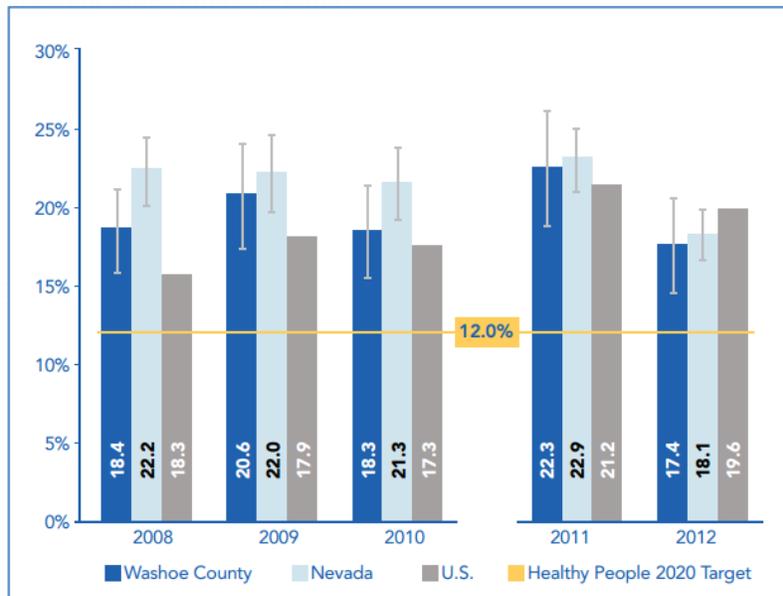
Figure 1.8: Adults Overweight/Obese, Washoe County, by Age Group, 2013



Source: 2013 Nevada BRFSS: Washoe County Analysis

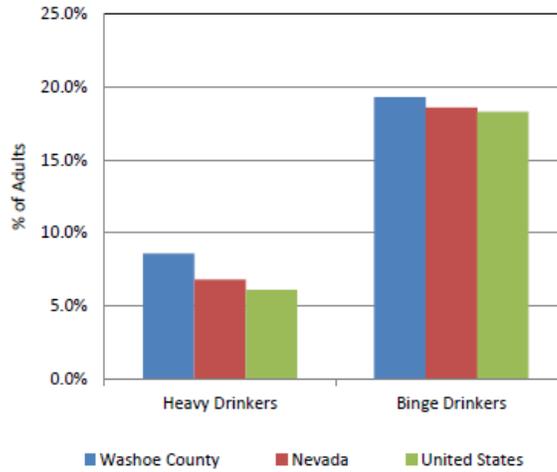
- Tobacco:** “43% of cancers and 21.7% of deaths were due to tobacco-related illnesses in Washoe County from 2006 to 2010. Although fewer teens report having ever tried cigarettes, the rates of current smokers have remained stable in Washoe County. Smoking rates among adults in Washoe County have decreased since 2011. And in 2013 only 15.4% of adults indicated they were current smokers, which was lower than rates for both Nevada and the U.S.”

Tobacco Use and Exposure
 Prevalence of Current Smokers
 Washoe County, Nevada and U.S., 2008 – 2012



- **Alcohol:** “Washoe County has higher rates of alcohol consumption and binge drinking than Nevada and the rest of the nation.”

Figure 1.21: Adult Alcohol Use by Type, Washoe County, Nevada & the US, 2011



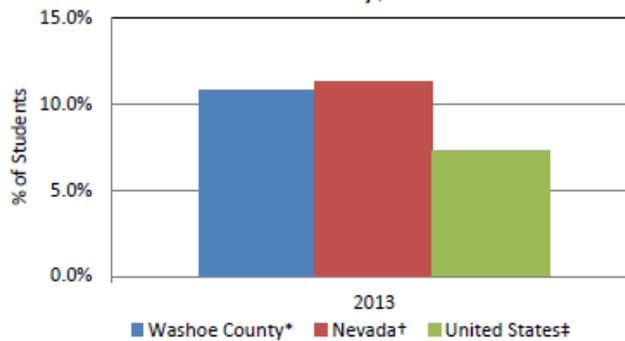
Source: 2011 Nevada BRFSS

Sexual Health

“Youth in Washoe County experience higher rates of intimate partner abuse, sexual contact and sexual penetration than youth nationwide. These rates correlate with findings from a 2011 national study that ranked Nevada as the second-worst state for sexual violence — especially against women.

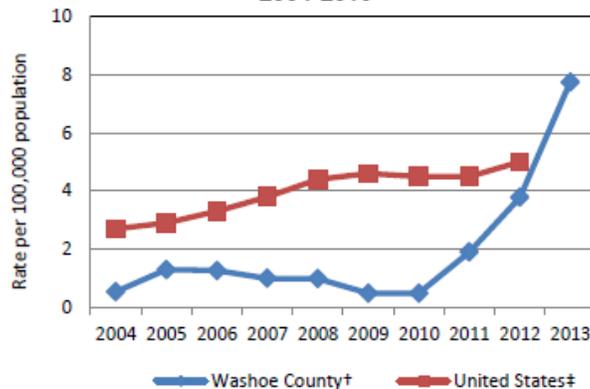
The sexually transmitted diseases highlighted have all seen an increase in 2013; and chlamydia, gonorrhea and syphilis have seen increases since 2010. Rates tend to be disproportionately higher among African Americans. However, as with all reportable conditions, the increase in rates among all races and ethnicities may be a result of several factors — an increase in the number of people who get screened, improved case reporting from laboratories and providers, or a true reflection in the number of infections.”

Figure 1.48: Percent of high school students reporting they had been physically forced to have sex, when they did not want to, Washoe County, 2013



Source: *2013 Nevada YRBS: Washoe County Analysis
 Source: †2013 Nevada YRBS
 Source: ‡CDC YRBS High School Data Query

Figure 1.54: Rate of Primary & Secondary Stage Syphilis, Washoe County & the U.S., 2004-2013

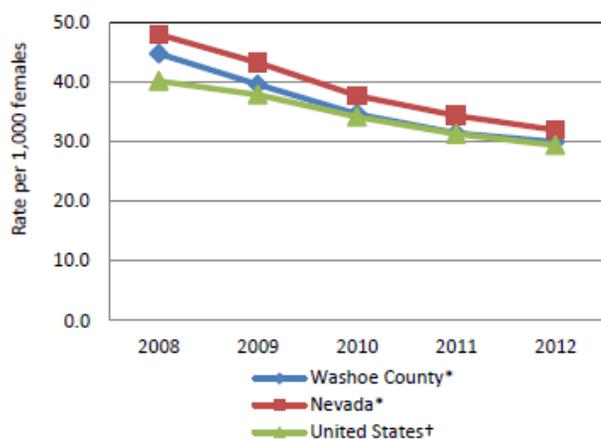


Source: †2013 WCHD, Communicable Disease Team
 Source: ‡CDC, Sexually Transmitted Disease Surveillance, 2012

Maternal, Infant and Child Health

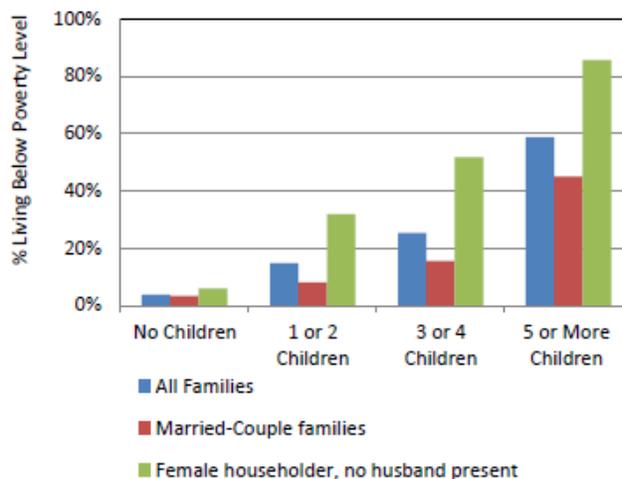
“There have been decreases in the overall birth rate and exponential decreases in teenage pregnancy and the resulting birth rate. More mothers-to-be are receiving prenatal care in the first trimester, improving health and outcomes for both mother and baby. WIC data indicates that the income level of participants has decreased. Fewer Hispanics and more Caucasian, non-Hispanic families have enrolled over the past six years. Improvements in maternal child health include fewer low birth-weight infants and a decrease in obesity among children who are enrolled in WIC.”

Figure 1.7: Teen (age 15-19) Birth Rate, Washoe County, Nevada & the U.S., 2008-2012



Sources: *OPHIE, data request
† CDC, Births: Final Data for 2012

Figure 1.1: Families Living Below Poverty Level, Washoe County, 2008-2012



Source: US Census Bureau, 5 year estimates, 2008-2012

- **Maternal, infant and child health ranking:** “Nevada ranked 48 out of 50 states overall in 2014, with the state’s lowest scores in economic well-being and family and community, for which many of the indicators are based on the poverty rate and the proportion of children being raised in single-parent households.”
- **Prenatal care:** The percent of women receiving prenatal care in the first trimester has increased for all age groups since 2010.
- **WIC participation:** “Overall WIC enrollment has remained fairly stable since 2007: the number of children born in Washoe County has increased by about 3,000 since that year.”
- **WIC outcomes:** “Fewer low-birth-weight infants were born from 2007 to 2013.”

Immunizations

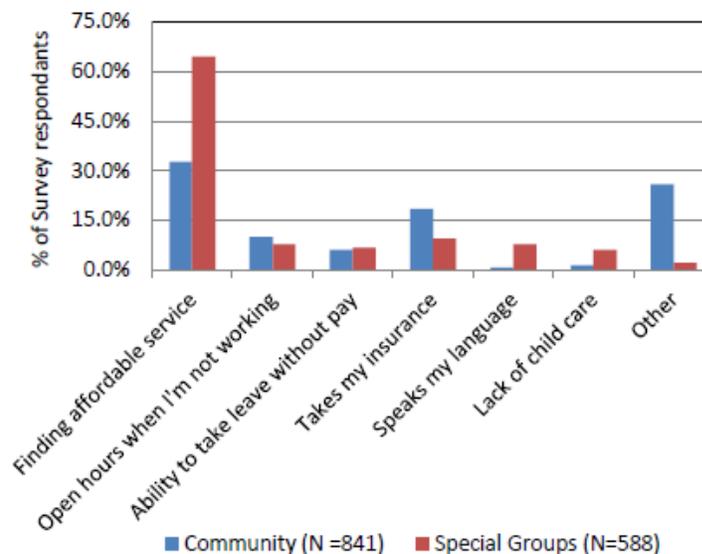
The child immunization rate in Washoe County has increased since 2003 and at 75.5% it is 3.5% above the national average. To meet the Healthy People 2020 goal, this rate will have to increase 4.5% to 80% over the next five years. The number of WC seniors who report receiving an annual flu shot was lower than rates for Nevada and the US. Improvements in awareness and making it easier for seniors to access services are current priorities.

Health Access

“Historically Washoe County, like Nevada, has maintained a large population of uninsured residents who cannot afford healthcare. Since the passing of the Affordable Care Act (ACA) the numbers of uninsured have decreased dramatically. There exists, however, a shortage of available practitioners. One in five residents in Washoe County is enrolled in Medicaid, and many have experienced difficulty in finding providers who accept Medicaid and providers who are accepting new Medicaid patients.”

- **Primary care:** “Approximately, one-third of Washoe County residents live in a primary care provider or a dental care provider shortage area.”
- **Medicaid enrollment:** Enrollment in Medicaid increased 83.4% from September 2013-August 2014. “Accessing services is especially challenging for those covered by Medicare, Medicaid and other health plans that do not reimburse providers at equal amounts as do private insurers.”

Figure 1.1: Main barrier you face in accessing health care in our community.



Source: * TMRPA, 2013 Senior Study

Areas of Highest Need

“Although only 30% of Washoe County’s population lives in the five zip codes with highest need, this population accounted for 42.1% of hospital inpatient visits and 54% of ER visits during 2013 [Table 1.2]. All of these ZIP codes report higher than average hospitalization rates for chronic obstructive pulmonary disease (COPD), as well as higher than average mortality rates due to cancer, and accidents when compared to Washoe County averages. Higher proportions of the residents in these communities live in poverty, including children (<18 years) and seniors (65+ years), and more than a quarter of the population has not graduated from high school (GED or equivalent), with the exception of 89501.”

Table 1.2: 5 Highest Need ZIP Codes, Ranked by CNI Scores, 2014

Zip Code	2014 CNI Scores §	% of Washoe County*	% of Hospital Inpatient Visits†	% of Emergency Room Visits†
89512	5.0	6.0	8.7	12.7
89502	4.8	10.3	14.3	17.7
89431	4.8	8.5	11.8	12.5
89501	4.2	1.0	1.7	5.3
89433	4.0	4.8	5.6	5.8

Source: § Truven Health Analytics Inc. (2014). Community Needs Index
 Source: *U.S. Census Bureau, 2010 Census
 Source: † All 2013 Washoe County hospital data, author’s analysis



Map 1.2: 5 Highest Need Zip Codes, Washoe County, 2014

Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer

Highlights from Board Interviews

- “We are currently at 71 ppb (air quality). That was good enough to meet the previous standard of 75ppb but not the new standard of 70ppb.”
- “Water quality and quantity is an issue. The Health District should be on the forefront of this.”
- “The Health District will be supportive of growth but not at the expense of air quality and pollution.”

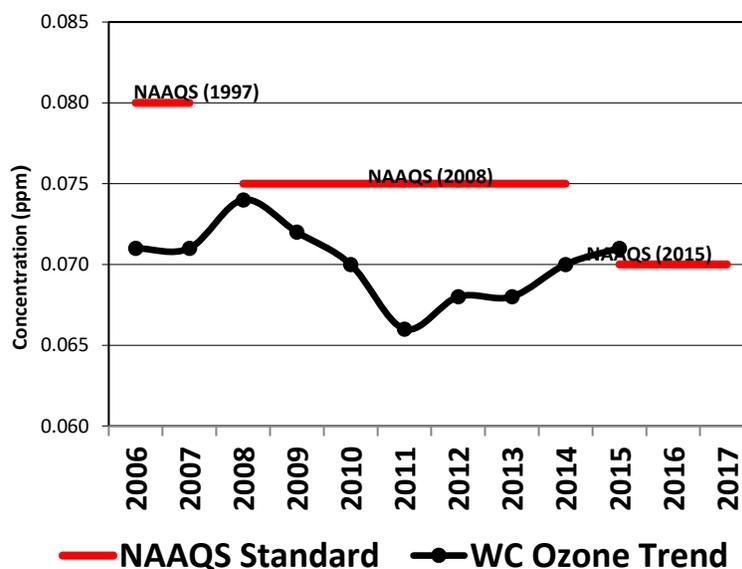
Strategic Issues

1. What is our plan to meet stricter air quality standards?
2. What should we be doing to address drought/climate change?
3. Should we increase efforts to better prevent food safety issues?
4. How can we be better prepared for emergencies?

Relevant Findings from the Community Health Needs Assessment

Air Quality

“Overall Washoe County’s ambient air quality is favorable with more than 250 days on average per year in the Good range. There are, however, some seasonal episodes when air quality varies and sometimes reaches unhealthy levels — typically in the summer when wildfires occur or winter during temperature inversions. Winds typical of the Washoe County area work to clear pollutants, and the location on the lee side of the Sierra Nevada serves to shelter the cities from some pollutants. Washoe County is currently meeting all air quality standards set by the EPA, but changes in standards could alter that status.”



Water Safety, Drought, and Climate Change

“Washoe County’s groundwater is safe, but it contains naturally occurring minerals that may affect the taste of the water. Residents reliant on well water are encouraged to test their water for potential unknown sources of groundwater contamination. Residents who receive their water through the municipal water supply have access to clean, regulated and frequently tested water.”

Relevant Excerpts Related to the Sustainability of Water Supplies from TMWA’s Draft 2016-2035 Water Resource Plan

Section 2.1 Sustainability of Source Water Supplies- Climate Variability

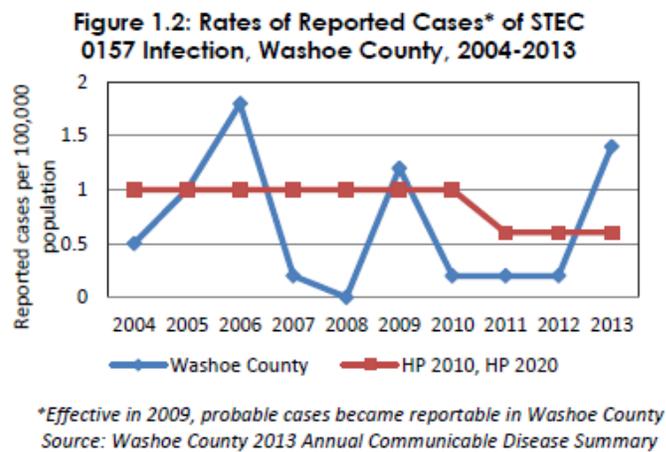
“Studies by Desert Research Institute (“DRI”) and University of Nevada, Reno (“UNR”) indicate the potential for climate change to alter the timing, type of, and quantity of precipitation needs continued monitoring and study, but it is inconclusive at this time as to the magnitude that climate change will have on the region and its water resources over a long-term planning horizon.”

Section 2.2 Sustainability of Source Water Supplies- Drought Periods

“The region is in its fourth consecutive, low-precipitation year. The meteorological drought, begun in 2012, created hydrologic drought impacts in 2014 and 2015, which required TMWA to release some of its upstream drought reserves for the first time since 1992. As defined in TROA, the region has been in a Drought Situation (i.e., the level of Lake Tahoe is projected to be below elevation of 6223.5 feet on November 15 of a given year per TROA) since 2014. Unfortunately, it cannot be known with certainty the duration of the current drought. In addition, analysis has shown that under TROA operations water supplies and drought reserves accumulate to TMWA’s benefit under the 1987 to 1994 drought; in addition, even under a hypothetical drought hydrology, which repeated 2015 hydrology at 2015 demands for 10 years, TMWA would grow its reserves.”

Food Safety

“Foodborne illnesses are often underreported and are not all traceable to a particular restaurant or food handler. Illness may be a result of a food recall. While rates of foodborne illness in Washoe County have increased since 2013, this can be due to a variety of reasons and may not be a reflection of local food production or handling practices.”



Extend impact through partnerships

Highlights from Board Interviews

- “We should be integrating the decisions of the Health Board into other plans such as the regional plan, transportation plans, the school district, parks, etc.”
- “Investing to make WCHD the community’s Health District and not just the ‘County’s’ Health District.”
- “There is a potential for public/private partnerships for certain services where the hospital rate is higher than Medicaid.”

Strategic Issues

1. How can we best support the implementation of the Community Health Improvement Plan and make an impact on the Behavioral Health, Education, and Food Security needs of our community?
2. What can we do to reduce high suicide rates in our community, especially among youth?
3. How can we best address increasing rates of drug use and abuse in our region?
4. How can we improve the regional EMS System?

Major Projects in Progress

- The Washoe County Health District successfully **partnered with Renown Health** to complete the **Community Health Needs Assessment**. This document continues to help inform individuals and organizations across the community.
- In **partnership with Truckee Meadows Healthy Communities**, the Washoe County Health District authored the **Community Health Improvement Plan (CHIP)**. Representatives from the Health District sit on the CHIP steering committee with other community leaders from organizations such as the **Regional Transportation Commission, the Washoe County School District, and the University of Nevada, Reno**.
- **The District Health Officer and the CEO of Renown are co-chairs of the Truckee Meadows Healthy Communities** initiative, which strives to unite the health, education, and community development sectors in promoting a culture of health in the region.

Partnership Opportunities

45.2% of survey respondents believe that the Health District could form partnerships with other organizations in the community to more effectively or efficiently deliver services. When asked which organizations the Health District could partner with, top responses were:

- UNR/TMCC (x5)
- The two cities (x3)
- Federally Qualified Health Centers (x3)
- Hospitals (x3)
- The School District (x2)
- Washoe County Social Services (x2)

-
- Nonprofits and community organizations, i.e. HOPES, Community Health Alliance, Catholic Charities (x2)

When asked which services could benefit most from partnerships, the top responses were:

- Developing consistent codes and requirements regionally (x5)
- WIC and HIV Prevention (x3)

Community Health Improvement Plan Priorities

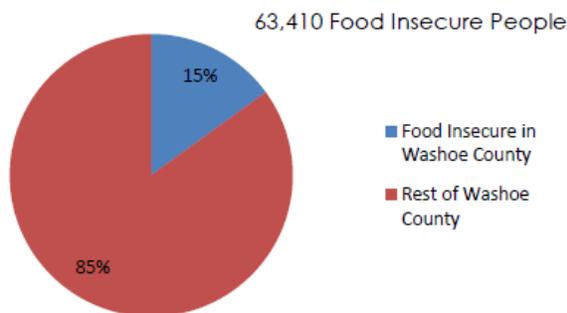
Health Priority	Goals
 <p data-bbox="233 751 425 856">Access to Healthcare and Social Services</p>	<p data-bbox="453 657 1369 722">GOAL 1: Improve access to healthcare and social services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.</p> <p data-bbox="453 747 1369 812">GOAL 2: Improve coordination of care in Washoe County across healthcare settings, social services, individual providers, and the community.</p>
 <p data-bbox="261 1031 394 1096">Behavioral Health</p>	<p data-bbox="453 890 1369 955">GOAL 3: Improve access to behavioral health services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.</p> <p data-bbox="453 980 1273 1014">GOAL 4: Create a healthier environment for Washoe County youth.</p> <p data-bbox="453 1039 1378 1104">GOAL 5: Protect the health and safety of Washoe County youth through the reduction of substance use and abuse.</p>
 <p data-bbox="266 1274 394 1339">Education (K-12)</p>	<p data-bbox="453 1163 1289 1228">GOAL 6: Improve health outcomes of Washoe County youth through educational attainment.</p> <p data-bbox="453 1253 1284 1318">GOAL 7: Support student health, wellness and achievement through nutritious eating habits and physical activity.</p>
 <p data-bbox="245 1505 410 1539">Food Security</p>	<p data-bbox="453 1373 1393 1438">GOAL 8: Implement programs that address the immediate need for food and promote long-term health and food security in households and communities.</p> <p data-bbox="453 1463 1385 1528">GOAL 9: Enhance home-delivered meal programs to seniors to keep on pace with the rising senior population.</p>

Relevant Findings from the Community Health Needs Assessment

Food Insecurity

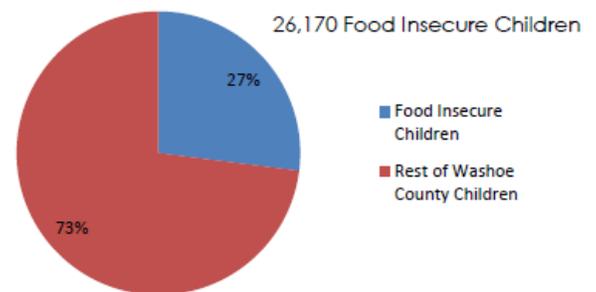
“While there is a strong network of food distribution and assistance in Washoe County, there are a growing number of people reliant on federal nutrition programs and charity to obtain adequate food. Those in need of food assistance often decide each month between paying for food or other needs such as medication, utilities and housing. Limited resources coupled with increasing demand could leave more families and children with fewer meals in the future. The physical layouts of the Reno-Sparks community relative to the major highways, which transect the city, bring sources of unhealthy food into the areas where many low-income people live.”

Figure 1.4: Food Insecurity Rates, Washoe County, Total Population, 2012



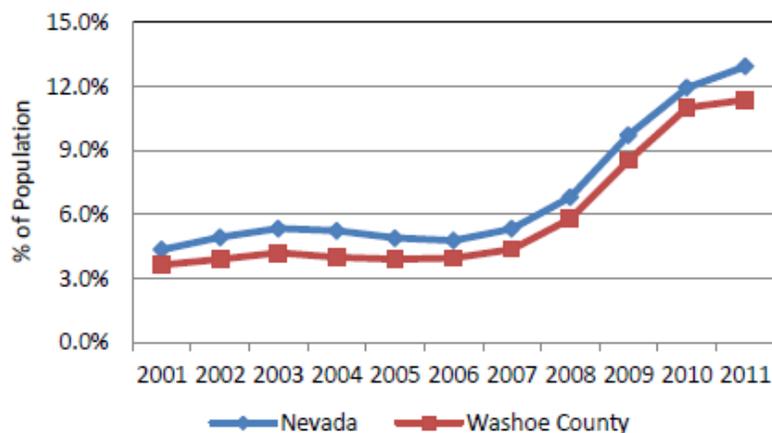
Source: Washoe County Chronic Disease Report Card 2014, Food Bank of Northern Nevada data

Figure 1.6: Food Insecurity Among Children, Washoe County, 2012



Source: Washoe County Chronic Disease Report Card 2014, Food Bank of Northern Nevada data

Figure 1.6: Percent of Population Enrolled in SNAP, Washoe County & Nevada, 2001-2011



Source: US Census Bureau, Small Area Estimates Branch, County SNAP Benefits Table

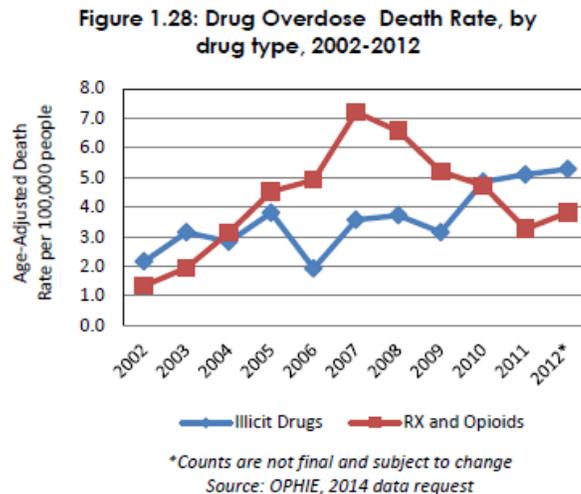
Behavioral Health

“While most data available at the county level represent only two mental health issues, depression and suicide, there are several more stressors contributing to every day mental health. Depression, sadness and poor mental health is reported most often among females; however, Washoe County males have some of the highest rates of suicide compared to Nevada and the rest of the U.S. Suicide among all ages is much higher in Washoe County than the rest of the country.”

- **Suicide rates:** At 22.3 per 100,000 population Adults in Washoe County have a much higher suicide rate than both Nevada and the United States.
- **Mental health provider access:** “All residents in Washoe County are living in a mental health provider shortage area.”
- **Youth suicide rates:** “The percentage of high school students in Washoe County who considered and/or attempted suicide in 2013 was considerably higher than the national average.”

Drug Use and Abuse

“Drug use among youth in Washoe County has not seen much of a decrease over the past decade, and some data indicate it may be rising — especially marijuana use. Overall drug overdose death rates have increased, although prescription drug deaths have fallen since 2007.”



Education

“Compared to people who have had some college, college graduates in Washoe County reported:

- Better perceived general health status
- More likely to be insured
- Higher rates of immunization
- Fewer poor mental health days
- Less likely to be overweight or obese
- Less likely to smoke cigarettes”

Lead the creation of a local culture of health

Highlights from Board Interviews

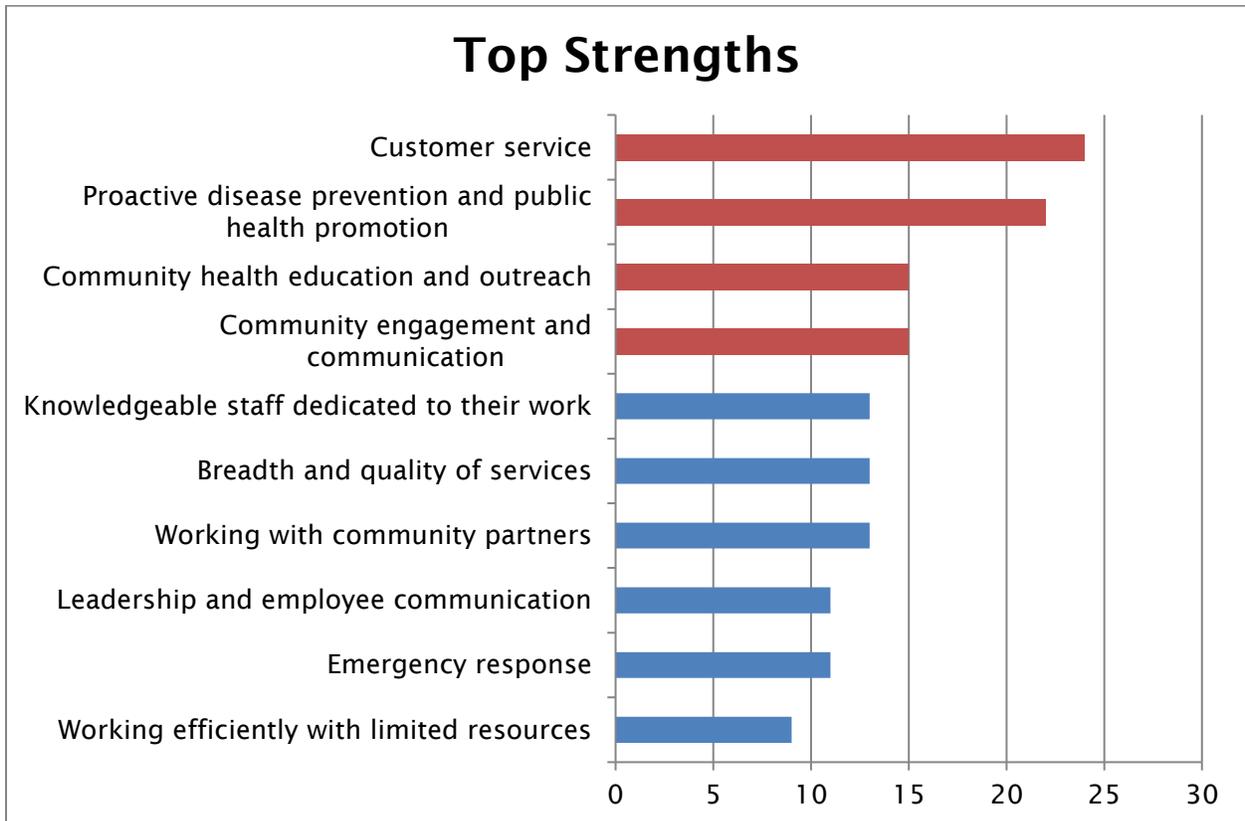
- “We need to make the effort to reach out to the community. This could mean setting up access points in other neighborhoods, bilingual marketing, etc.”
- “If you do a good job at preventative medicine, you don’t make the news. We need to find a way to get noticed for the good work we do.”
- “Explain the value that the Health District brings to the community in order to build up community support and trust. “
- “The Health District should be a hub for low-income people to get their needs met.”

Strategic Issues

1. How can we establish a new and improved Health District identity/brand?
2. How can we get the word out about all the great work we do?
3. How can we encourage citizens to live healthier lifestyles every day?
4. How can we make meaningful improvements in health policy?

Perceived Strengths

The top 4 strengths cited by survey respondents referred to the Health District’s ability to work with, inform, educate and engage the community it serves.



Achieve Greater Financial Stability

Strategic Issues

1. How do we achieve greater financial stability/predictability?
2. Do we agree on our current local funding model for the Health District?

Highlights from Board Interviews

- “Our fees should cover the true cost of providing the service.”
- “Being worried about potential cutbacks every year is a nightmare.”
- “Would like to see steady progress towards 25% general fund contribution.”
- “Making sure we’re never in a position where we have to eliminate critical services again.”

- **Current Health District Programs**

Washoe County Health District Programs

Office of the District Health Officer

Administrative Health Services

Air Quality Management

Community and Clinical Health Services

- Chronic Disease Prevention
- Community & Clinical Health Services
- Family Planning
- Immunizations
- Maternal, Child & Adolescent Health
- Sexual Health – HIV
- Sexual Health – STD
- Tuberculosis
- Women, Infants and Children

Environmental Health Services

- Environmental Health Services
- Food Protection
- Safe Drinking Water
- Solid Waste Management
- Underground Storage Tanks
- Vector Borne Diseases

Epidemiology and Public Health Preparedness

- Emergency Medical Services
- Epidemiology Surveillance
- Public Health Preparedness
- Vital Statistics

Revenues and Expenditures by Division from FY 2016-2017 Recommended Budget

Division	Revenue	% of Total Revenues	Expenditures	% of Total Expenditures
Office of the District Health Officer	\$35,000	0.2%	\$979,998	4.5%
Administrative Health Services	\$0	0.0%	\$1,168,142	5.4%
Air Quality Management	\$2,683,185	12.9%	\$3,270,820	15.1%
Community and Clinical Health Services	\$3,557,273	17.1%	\$7,371,920	33.9%
Environmental Health Services	\$2,902,711	14.0%	\$6,394,404	29.4%
Epidemiology and Public Health Preparedness	\$1,812,848	8.7%	\$2,546,046	11.7%
Subtotal	\$10,991,017	52.9%	\$21,731,331	100%
General Fund Support	\$9,796,856	47.1%	\$0	0%
Totals	\$20,787,873	100%	\$21,731,331	100%

Current Budget and Three-Year Financial Projections

	ETC	Proposed	Projected		
	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
FUND SUMMARY:					
SOURCES OF FUNDS:					
Opening Fund Balance	\$ 2,268,506	\$ 1,989,185	\$ 1,045,727	\$ 1,363,325	\$ 1,516,112
Revenues:					
Licenses and Permits	1,413,708	2,148,652	2,901,791	2,974,335	3,048,694
Federal & State Grants	5,749,295	5,343,819	5,454,091	5,578,501	5,707,031
Federal & State Indirect Rev.	410,716	368,948	376,561	385,151	394,025
Tire Fees (NRS 444A.090)	468,548	475,000	469,618	479,431	489,575
Pollution Control (NRS445B.830)	558,086	550,000	561,000	572,220	583,664
Dust Plan	240,000	257,784	333,330	339,997	346,797
Birth & Death Certificates	500,000	490,000	494,900	499,849	504,847
Other Charges for Services	812,299	1,243,670	1,615,254	1,659,992	1,706,036
Miscellaneous	78,714	113,144	79,309	80,499	81,724
Total Revenues	10,231,365	10,991,017	12,285,855	12,569,975	12,862,393
General Fund (GF) transfer-Operating	7,743,084	7,743,084	7,743,084	7,743,084	7,743,084
GF transfer Overhead Subsidy	2,333,772	2,053,772	1,773,772	1,773,772	1,773,772
Total General Fund transfer	10,076,856	9,796,856	9,516,856	9,516,856	9,516,856
Total Sources of Funds	22,576,727	22,777,057	22,848,438	23,450,156	23,895,360
USES OF FUNDS:					
Expenditures:					
Salaries & Wages	9,953,764	10,367,158	10,462,234	10,659,293	10,861,820
Intermittent Hourly Positions	435,263	430,562	423,362	423,362	423,362
Group Insurance	1,566,651	1,741,217	1,845,691	1,956,432	2,073,818
OPEB Contribution (1)	-	1,181,460	1,205,089	1,229,191	1,253,775
Retirement	2,690,883	2,847,521	2,973,573	3,028,042	3,082,770
Other Employee Benefits	208,418	226,146	230,669	235,283	239,988
Contract/Professional Svcs	791,528	607,476	497,870	498,296	498,756
Chemical Supplies (Vector only)	249,309	231,500	231,500	231,500	231,500
Biologicals	259,529	257,496	257,496	257,496	257,496
Fleet Management billings	223,026	197,740	213,361	230,217	248,404
Outpatient	98,155	103,385	103,385	103,385	103,385
Property & Liability billings	75,992	76,093	77,614	79,167	80,750
Other Services and Supplies	1,208,878	1,703,337	1,168,417	1,172,229	1,176,149
Indirect cost allocation	2,795,882	1,700,797	1,734,813	1,769,509	1,804,899
Capital	30,265	59,443	60,037	60,643	61,261
Total Uses of Funds	20,587,542	21,731,331	21,485,112	21,934,045	22,398,134
Net Change in Fund Balance	(279,321)	(943,458)	317,599	152,786	(18,885)
Ending Fund Balance (FB)	\$ 1,989,185	\$ 1,045,727	\$ 1,363,325	\$ 1,516,112	\$ 1,497,227
FB as a percent of Uses of Funds	9.7%	4.8%	6.3%	6.9%	6.7%
<small>(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY 17</small>					

Major Projects in Progress

Health District Cost Analysis

The Health District completed a comprehensive analysis of the costs associated with all of its programs. As part of this analysis, the Health District compared its costs to national benchmarks in order to determine where efficiencies can be made. The completed reports are currently being used as a tool to improve the efficiency and effectiveness of its programs in order to provide a higher level of service to the community.

Health District Fee Adjustments

The Health District chose not to increase fees during the recession. However, in order to ensure businesses and individuals bear the proper proportion of the cost associated with the Health District's services, on December 17, 2015, the Washoe County District Board of Health approved fee changes for Air Quality Management and Environmental Health Services. New fee rates will begin July 1, 2016, with an additional increase on July 1, 2017. Fees will be adjusted annually based on the Consumer Price Index, Western Region. The Health District is considering fee adjustments for other programs as well.

Strengthen our Workforce and increase Operational capacity to support growing population

Highlights from Board Interviews

- "The fundamental review was necessary. We should continue to use it and build on it to create a stronger, more viable Health District."
- "We can't expect everybody who comes to the region will have healthcare."
- "Can we be sitting at the table with groups like EDAWN?"
- "Most health districts are reactive; we need to move towards more proactive."
- "There are excellent people at the Health Department and we need to keep them around."
- "Many people are getting ready to retire. We need to do a good job of training replacements."
- "We need great staff and an adequate number of staff to be effective."

Strategic Issues

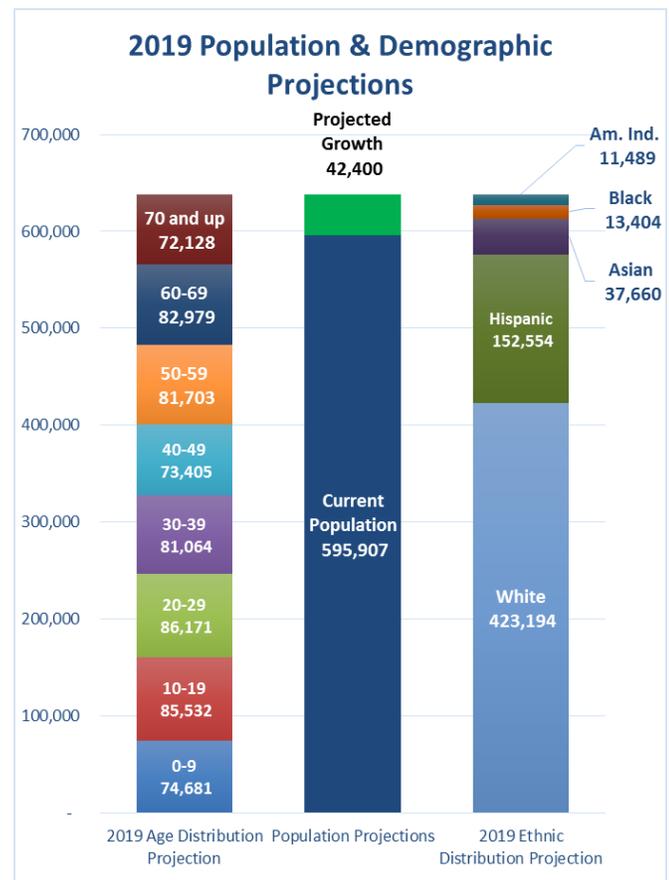
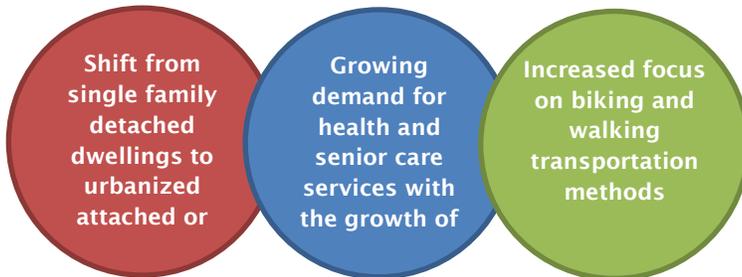
1. How can we work better across divisions and inter-jurisdictionally?
2. How can we continue to improve our process efficiency and use of technology?
3. How can we provide more training and professional development opportunities for staff?
4. What can we do to make the Health District facility more inviting?
5. How can we create a culture of employee recognition, encouragement, and accountability?
6. How can we become better leaders of our organization?

Major Projects in Progress

- The Health District continues to implement the recommendations resulting from the fundamental review process that was completed in 2013.
- The Health District is participating in implementing Accela to improve the business permitting process.

Key Findings from the EPIC Study

- North Washoe and Sparks suburban will experience household growth of around 13% and will likely rely on new home construction sooner rather than later. Reno/Sparks MSA's will see redevelopment and adaptive reuse.



Stakeholder Survey Results

Resource Adequacy

Only 35.6% of survey respondents said they had everything they needed to be effective in their positions. When asked what they would need to be more effective, their top responses were:

- More staff (x4)
- More clearly defined processes and procedures (x4)
- More management support and encouragement (x4)
- Better technology (software, phones) (x3)
- A more positive work environment (x3)
- More training (x2)
- Increased program funding (x2)

Employee Engagement

The Stakeholder Survey found that the Health District has a net engagement score of 18.9% compared to a national average of 14%.

	Total	Staff	Mgmt.	United States via Gallup 2014 *	
Promoters	40.5%	41.7%	35.7%	Engaged	31.5%
Passively Satisfied	37.8%	36.6%	42.9%	Not engaged	51.0%
Detractors	21.6%	21.7%	21.4%	Actively disengaged	17.5%
Loyalty/recommend	18.9%	20.0%	14.3%	Net Engagement	14.0%

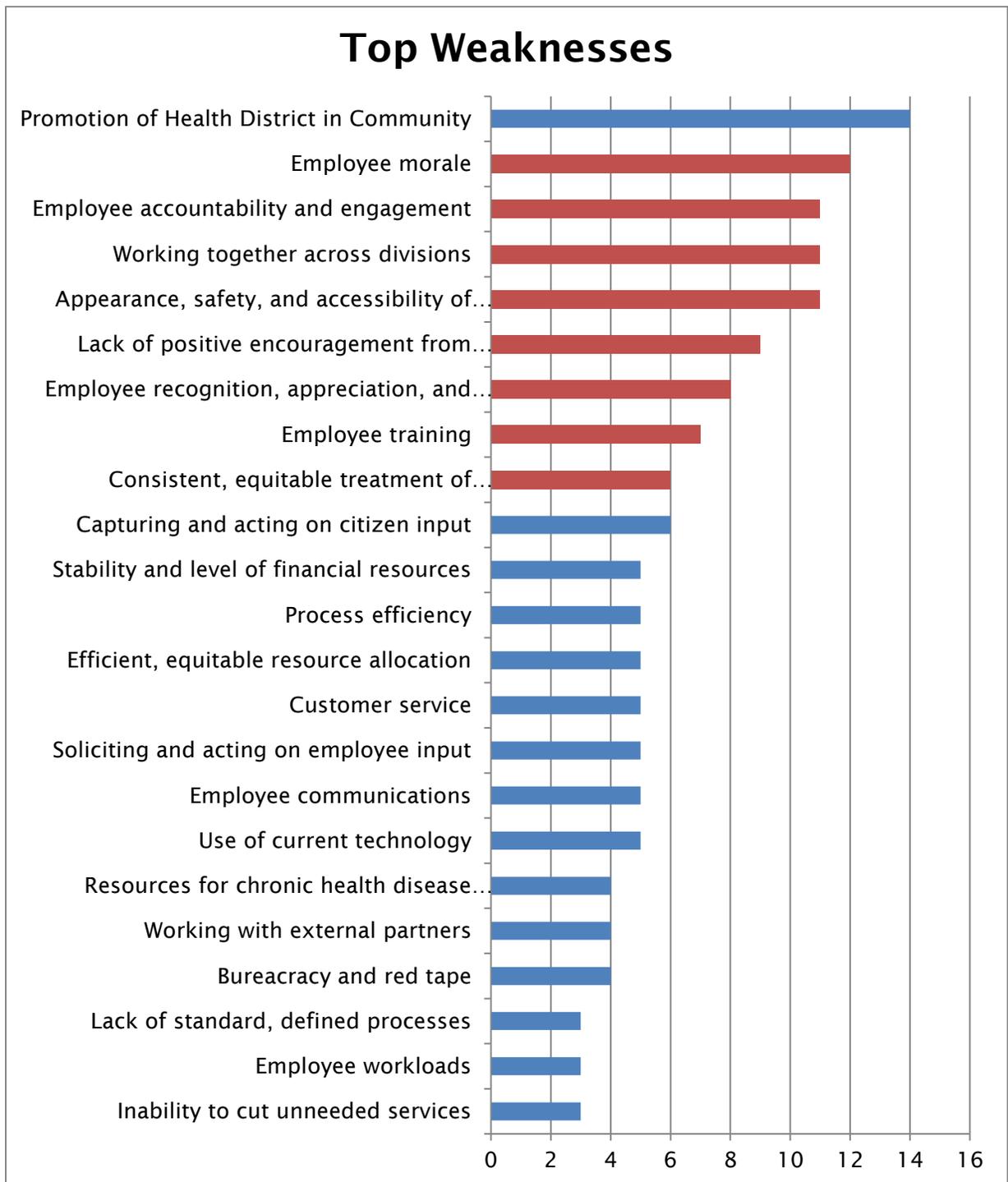
Three key drivers of employee engagement explaining 52.4% (adjusted R²) of the engagement score were found in the survey. They are:

- *There is no doubt that the Health District demonstrates trustworthiness.*
- *Management encourages my professional development.*
- *I believe [the current vision statement] clearly explains what success looks like for the Health District over the next 5 years.*

This suggests that demonstrating higher levels of trustworthiness, encouraging professional development, and casting a clear, inspiring vision for the future will result in an increase in employee engagement.

Perceived Weaknesses

8 of the top 9 weaknesses cited by staff and management in the stakeholder survey related to the work environment of the Health District.



WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Please contact Catrina Peters for
questions or comments at
cpeters@washoecounty.us